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Recommendation for funding for a short-duration country programme**

Côte d'Ivoire

Summary

The present document contains a recommendation for funding from regular resources and other resources for the country programme of Côte d'Ivoire, for one year, to support activities which are being developed by the country programme. The Executive Director *recommends* that the Executive Board approve the amount of $3,367,000 from regular resources, subject to the availability of funds, and $1,700,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2002.

* E/ICEF/2001/12.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2001 (E/ICEF/2001/P/L.73).

01-63296 (E) 281101 291101

Basic data[a] *(1999 unless otherwise stated)*	
Child population (millions, under 18 years)	7.8
U5MR (per 1,000 live births)	171
IMR (per 1,000 live births)	102
Underweight (% moderate and severe) (1998-1999)	37
Maternal mortality ratio (per 100,000 live births) (1994)	600
Literacy (% male/female) (1998)	63/37
Primary school enrolment (% net, male/female) (1996)	63/47
Primary school children reaching grade 5 (%) (1996)	70
Access to drinking water (%)	77
Routine EPI vaccines financed by Government (%) (1998)	95
GNP per capita (US$)	710
One-year-olds fully immunized against:	
Tuberculosis	84%
Diphtheria/pertussis/tetanus	62%
Measles	62%
Poliomyelitis	62%
Pregnant women immunized against tetanus	44%

[a] Excerpted from the publication "Progress since the World Summit for Children: A statistical review", prepared as a supplement to the Secretary-General's report "We the children: End-decade review of the follow-up to the World Summit for Children" (A/S-27/3), and therefore may differ from data contained in the text of this document.

The situation of children and women

1. This one-year interim programme is designed to make up for the delay in drawing up a new cooperation programme resulting from the socio-political events of the last two years. This situation will also provide an opportunity, in 2003, to coordinate the five-year UNICEF programming cycle in Côte d'Ivoire with the United Nations Development Programme, the United Nations Population Fund (UNFPA), the World Food Programme (WFP) and the Office of the United Nations High Commissioner for Refugees (UNHCR).

2. Over the last few years, Côte d'Ivoire has experienced unprecedented socio-political unrest. The current authorities, who have expressed their willingness to work for peace, are directing their efforts towards national reconciliation and the normalization of their relations with the principal financing agencies. This difficult socio-political environment, which has been characterized by unrest since 1999, has led to a serious deterioration of the economic and financial situation. The gross domestic product fell by 3 per cent in 2000, and the living conditions of more than one third of the population living below the poverty threshold have worsened. The public foreign debt service has risen sharply in recent years, from US$ 1.2 billion in 1997 to US$ 2 billion in 1998. Côte d'Ivoire does not have a poverty-reduction policy or plan, as required since 1998 by the International Monetary Fund and the World Bank. This, added to the current socio-political situation, has made the

country ineligible for the Highly Indebted Poor Countries Initiative, which could help reduce the burden of the public foreign debt and provide financing for grass-roots sectors of society.

3. The country's economic and financial problems, which have been exacerbated by recent events, have led to a deterioration of the situation of children and women. Between 1994 and 1999, infant mortality and infant and childhood mortality rates rose, respectively, from 90 to 112 per 1,000 live births and from 150 to 171 per 1,000. The maternal mortality ratio was estimated in 1994 at 597 per 100,000 live births. Only 63 per cent of all deliveries are attended by qualified personnel. Acute respiratory infections and malaria are the main causes of death among children under five. Immunization coverage with six antigens, which was 41 per cent in 1994, rose to 51 per cent in 1999; 21 per cent of children under five are underweight, and 25 per cent are stunted. Only 31 per cent of all households use iodized salt, and 67 per cent of all children have never received vitamin A capsules.

4. The precarious situation of women and children is partly due to their having only limited access to health care; inadequate excreta disposal systems; the low female literacy levels; and low school enrolment rates, especially among girls, with significant disparities between the northern and southern regions of the country and between the rural and urban populations. In 2002, the priority areas for programme intervention will be the high infant mortality rates, the significant number of children who are infected with or affected by HIV/AIDS (420,000 children have been orphaned) and the growing number of children who are victims of economic and sexual exploitation (child labour and trafficking).

Programme cooperation, 1997-2001

5. As a result of the implementation of the 1997-2001 cooperation programme (E/ICEF/1996/P/L.10/Add.1), significant progress was made in the areas of immunization, the combating of Guinea worm, combating domestic and border trafficking in children for recruitment purposes, and awareness campaigns regarding HIV/AIDS-related problems.

6. The immunization results show an increase in coverage (vaccinations with antigens under the Expanded Programme on Immunization (EPI) at a rate of 60 to 84 per cent). Fifty-one per cent of one-year-olds were vaccinated in 1999, compared with only 41 per cent in 1994. The percentage of children who had not received any vaccination at all fell to approximately 9 per cent in 1999, compared with 17 per cent in 1994. Nevertheless, despite the intensification of national polio immunization campaigns in recent years (12 million children vaccinated in four two-stage campaigns followed by a "mopping-up" operation), the results still fall short of the country's potential. Côte d'Ivoire was chosen as a recipient of financing from the Global Alliance for Vaccines and Immunization (GAVI). This programme helped improve access to drinking water, especially in rural areas where Guinea worm is endemic. While 12,600 cases were found in 503 villages in 1990, only 230 cases were recorded in 2000, reflecting a decrease of 98 per cent.

7. As regards the combating of HIV/AIDS, Côte d'Ivoire was chosen to host the pilot programme on prevention of mother-to-child transmission of HIV. Thus, four health centres in Abidjan implemented the strategy in question. The results obtained between April 1999 and December 2000 were as follows: of 20,000 pregnant women

who received individual counselling, 15,000 agreed to be screened for HIV/AIDS, and 12,000 of those who were screened went back for the results. Of the 15,000 women who were screened, 12.6 per cent tested positive; 442 were provided with AZT prophylactic treatment. Of the latter, 305 chose artificial feeding for their babies.

8. The Ivorian authorities, civil society and international opinion were mobilized to address the questions of child labour and trafficking in children. In September 2000, Côte d'Ivoire and Mali signed a cooperation agreement defining each country's obligations in the combating of transborder trafficking. The programme contributed to the formulation of a national policy on integrated care for young children and on including a role for Koranic schools in the national educational policy. The programme also helped increase the net enrolment rate of girls (from 36 to 50 per cent in 2000) in the northern regions. The report on the multiple indicator cluster survey (MICS) 2000 will facilitate support for advocacy activities, follow-up on the implementation of the Convention on the Rights of the Child, assessment of objectives at the end of the decade and in-depth analysis of the main problems facing children and women. A review by the Committee on the Rights of the Child of the initial report on the implementation of the Convention is planned for May 2001.

Lessons learned from past cooperation

9. With a view to more effective coordination, the mid-term review of November 1999 recommended that the cooperation programme should focus its efforts on specific operational areas, that the number of objectives and activities should be reduced and that the number of partners should be limited. Owing to the socio-political situation, the geographical focus and number of cooperation programme projects could not be altered. Such adjustments will be undertaken as part of this programme of transition towards a new long-term programme.

Recommended programme cooperation, 2002

Estimated annual expenditure
(In United States dollars)

	Total
Regular resources	
Health and nutrition	673 000
Basic education	538 720
Poor urban areas	505 050
Water supply, sanitation and the environment	471 380
Advocacy and communication	505 050
Social planning, monitoring and evaluation	404 040
Cross-sectoral	269 760
Subtotal	**3 367 000**

	Total
Other resources	
Health and nutrition	700 000
Basic education	200 000
Poor urban areas	300 000
Water supply, sanitation and environment	200 000
Advocacy and communication	300 000
Subtotal	**1 700 000**
Total	**5 067 000**

Preparation of the country programme

10. Preparation of this interim programme began with a provisional analysis of the situation of children and women in 2000 and continued with the organization, in January 2001, of a private meeting with all governmental partners and non-governmental organizations (NGOs). This process allowed identification of the fields needing priority action in relation to unattained goals (immunization, mortality, dracunculiasis, school enrolment) and emerging issues (HIV/AIDS, integrated child development, child participation, emergency preparedness). It also allowed the proposal of strategic approaches likely to result in the optimum use of resources and increase the effectiveness of the activities to be carried out.

Country programme goals and objectives

11. The goals of this one-year programme are to build on the achievements of the previous programme by taking into account the socio-economic and political environment, which continues to be unstable, and to prepare the next cooperation programme for the period 2003-2007. The objectives of the programme are to try an integrated programmatic and operational approach in two areas of concentration and in a peri-urban district of Abidjan and to formulate an emergency preparedness and response plan. These objectives will be achieved through the implementation of six sectoral programmes already in being: health and nutrition; basic education; water supply, sanitation and environment; poor urban areas/children in especially difficult circumstances; advocacy and communication; and social planning, monitoring and evaluation. The cross-sectoral themes — HIV/AIDS, child supervision, emergency preparedness — will be integrated into each sectoral programme. With the exception of the preparedness component, the programme will be concentrated in the North-East (Bondoukou, 701,000 inhabitants), the Centre-North (Bouaké, 1,080,509 inhabitants) and the district of Abobo (Abidjan, 630,000 inhabitants). The inhabitants of these areas, who are some of the most vulnerable members of the population in Côte d'Ivoire, account for 15.7 per cent of the total population.

Relation to national and international priorities

12. The programme priorities are compatible with international priorities. They focus on attaining the three essential results sought by the Global Movement for Children and refer to the medium-term strategic plan. The development of an emergency plan will be based on the main collective commitments of UNICEF. The programme will also take into account the commitments of the most senior Ivorian authorities to the combating of HIV/AIDS; the introduction of free and compulsory primary education for all pupils up to the third grade, and combating of child trafficking and all forms of child exploitation.

Programme strategy

13. The objectives of the cooperation programme will be achieved through implementation of the following strategies: advocacy and communication with a view to implementation of the Convention on the Rights of the Child; the empowerment of communities with the view to promoting behavioural changes in the target groups and ensuring increased community participation in the planning and implementation of programme activities at the regional and local levels; the development of national capacities, in particular government and civil society partners (NGOs), in the field of project and programme monitoring and evaluation; the achievement of complementarity in regard to the activities carried out in the three areas of concentration with a view to creating greater synergy and heightening the impact on the target groups; and the provision of high-quality basic community services in the social, health and educational fields.

14. **Health and nutrition**. This programme will continue to pursue the same objectives as the previous programme in connection with reducing maternal, child and infant mortality. At the national level, the programme will promote routine and campaign-based immunization services and action to eradicate poliomyelitis. In the three areas of concentration, a minimum package of activities will be conducted in connection with reproductive health, the integrated treatment of infant diseases, the prevention of mother-to-child transmission of HIV, the delivery of vitamin A supplements during national immunization days and the promotion of domestic consumption of iodized salt. Two specific evaluations are planned: EPI in the context of the implementation of the recommendations made by GAVI; and of the incidence of anaemia in pregnant women and in children of up to five years of age. Activities in the field of health and nutrition will be organized as part of the emergency preparedness and response plan.

15. **Basic education**. This programme will aim to develop a communication module on HIV/AIDS for use in primary schools and to form links between Koranic schools and formal schools with a view to increasing girls' access to basic education. The programme will be carried out in the two areas of concentration and in the peri-urban area of Abidjan. The programme activities will focus on: evaluating the outcome of linkage between the two types of school; highlighting model links which could be developed at the national level in the next programme; and, on the basis of studies now in progress, producing a primary school module on HIV/AIDS prevention. The programme will also develop activities to strengthen the gains already made in the community-based supervision of children between two and five years of age in the three areas of concentration.

16. **Poor urban areas/children in especially difficult circumstances.** The main objective of this programme will be to increase the facts available on the varying situations of children in need of special protection measures. A national study will provide relevant information on such situations so that priority areas of activity can be identified and adequate strategies developed to prevent risk of child abuse and offer protection for children, particularly those orphaned by HIV/AIDS. Support will be given with a view to implementation of the cooperation agreement between Côte d'Ivoire and Mali to combat transboundary trafficking in children. Efforts towards future agreement on this subject with other neighbouring countries will also be encouraged. The emergency plan will specify potential activities under this programme.

17. **Water supply, sanitation and environment.** This programme will have two objectives: to play a part in eradicating dracunculiasis from all villages where it is endemic; and to ensure the environmental health and the provision of health education in 50 primary schools in the two areas of concentration and in 10 primary schools in a peri-urban district of Abidjan. The activities will focus on community-based epidemiological monitoring, the isolation of new cases, the distribution of filters, the treatment of pool water with abate pellets, the supply of drinking water to 10 villages where the disease is highly endemic, the refurbishment of 350 latrines, the installation of 30 latrine blocks in 72 primary schools and the training of community workers with a view to raising awareness of the most common pathological diseases. The activities will also emphasize hygiene standards training for teachers, the establishment of hygiene promotion clubs in primary schools and the installation/refurbishment of 60 latrine blocks. Specific action will be planned for cases of emergency.

18. **Advocacy and communication.** The programme will have the following objectives: to influence the attitudes of those members of society in a position to contribute to improving the situation of children and to help create and maintain a favourable environment and public support for achieving the objectives of the cooperation programme. The programme will involve the collection and analysis of data on the behaviour-related causes of HIV/AIDS transmission and of child trafficking and other violations of the rights of children. It will play a role in the development of an HIV/AIDS prevention module for schools as part of the basic education programme. Traditional UNICEF special events will be organized, including the development and national and international dissemination of appropriate messages and materials as well as the use of spokespersons capable of mobilizing the major stakeholders in the cooperation programme.

19. **Social planning, monitoring and evaluation.** The objectives of this programme will be to ensure that statistics and basic social indicators are available for the country as a whole as well as for areas in which sectoral programmes are undertaken and to develop a preparation and response-plan commensurate with the degree of urgency indicated by the country's risk profile. Major activities will involve dissemination of the results, analysis of the situation of children and women and of the results of MICS 2000, in-depth region-by-region analysis of MICS 2000 data in order to better understand the problems facing children and women and the updating of the country's risk profile and its existing and potential capabilities in relation to various scenarios.

20. **Cross-sectoral costs**. Cross-sectoral costs will include costs for cross-sectoral personnel, administrative costs, financial and logistical support and acquisition of equipment and materials.

Follow-up and monitoring

21. There will be various follow-up and monitoring activities: joint missions to the field by governmental partners and UNICEF personnel, quarterly sectoral review of progress made in implementing the plan of action and of financial operations, and mid-year and yearly reviews by all partners. Compilation of the cooperation programme management quality indicators will be carried under the guidance of the regional office. Follow-up with regard to recommendations from the Committee on the Rights of the Child and the situation of children in general shall be ensured through the development of a table of indicators relating to implementation of the Convention and by an integrated follow-up and monitoring plan matched to the length of the programme.

Collaboration with other partners

22. The programme will reinforce partnership with the organizations of the United Nations system in the following areas: child labour (International Labour Organization, International Office for Migration), education for girls (WFP, United Nations Educational, Scientific and Cultural Organization); the combating of HIV/AIDS (Joint United Nations Programme on HIV/AIDS, World Health Organization (WHO)); immunization (WHO, World Bank); and reproductive health (UNFPA); and urban populations (World Bank). It will strengthen and broaden its partnership with the private sector, non-governmental organizations and development partners, in particular Rotary International, Population Services International, the Save the Children Fund and the Governments of Belgium, Canada, France, Germany, the Netherlands, Norway and the United States. The programme will work with the national university and other research institutions on priority issues. In addition, UNICEF is collaborating with United Nations agencies, in particular UNHCR and WFP, non-governmental organizations and donors on emergency issues. It is participating in the establishment of mechanisms for the coordination and rapid dissemination of information and will collaborate in particular in the evaluation of current and potential emergency response capabilities.

Programme management

23. The financial and technical management of the programme for 2002 will be the responsibility of each relevant ministry, in cooperation with the sectoral programme managers. The Ministry for the Plan will ensure the organization, coordination and execution of the mid-year and annual reviews for 2002. In the three areas of concentration, all central, regional and local partners will meet twice a year, chaired by the Ministry for the Plan, to review implementation of all the components of the cooperation programme. Analysis of the results of the integrated management approach will help evaluate the mechanisms for implementation and their applicability for the next five-year programme.

24. The integration of emergency planning into Côte d'Ivoire's priorities and all programming aspects, with particular stress on the areas of health/nutrition, water/sanitation and the welfare of children and women, reflects UNICEF's commitment to adapt to new national and regional realities. UNICEF's Côte d'Ivoire office will revise its priorities and reinforce its capacity in order to meet the challenge of any problems in the provision of services that might be caused by an epidemic, an influx of refugees, tensions between communities within Côte d'Ivoire or a deterioration of the economic situation.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : COTE D'IVOIRE
PROGRAMME : 2002

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
HEALTH/NUTRITION	673,000		673,000	0	0	0	1	0	0	1	1	1	3	126,490	61,834	188,324
BASIC EDUCATION	538,720		538,720	0	0	0	1	0	0	1	1	1	3	126,490	61,141	187,631
SOCIAL MOBILIZATION AND ADVOCACY	505,050		505,050	0	0	0	0	0	0	0	1	0	1	0	46,267	46,267
WATER, SANITATION AND HYGIENE	471,380		471,380	0	0	0	0	0	0	0	1	1	2	0	61,834	61,834
PLANNING AND SOCIAL STATISTICS	404,040		404,040	0	0	0	0	0	0	0	0	1	1	0	24,327	24,327
CROSS-SECTORAL COSTS	269,760		269,760	0	0	0	0	0	0	0	2	7	9	0	183,786	183,786
INTEGRATED AREA-BASED PROG/CNSP	505,050		505,050	0	0	0	1	0	0	1	1	1	3	126,490	67,990	194,480
TOTAL RR	3,367,000		3,367,000	0	0	0	3	0	0	3	7	12	22	379,470	507,179	886,649
OTHER RESOURCES :																
HEALTH/NUTRITION		700,000	700,000	0	0	0	1	0	0	1	1	0	2	126,490	46,267	172,757
BASIC EDUCATION		200,000	200,000	0	0	0	0	0	0	0	0	0	0	0	0	0
SOCIAL MOBILIZATION AND ADVOCACY		300,000	300,000	0	0	0	0	0	0	0	0	0	0	0	0	0
WATER, SANITATION AND HYGIENE		200,000	200,000	0	0	0	0	0	0	0	0	0	0	0	0	0
INTEGRATED AREA-BASED PROG/CNSP		300,000	300,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OR		1,700,000	1,700,000	0	0	0	1	0	0	1	1	0	2	126,490	46,267	172,757
TOTAL RR & OR	3,367,000	1,700,000	5,067,000	0	0	0	4	0	0	4	8	12	24	505,960	553,446	1,059,406
SUPPORT BUDGET	Operating costs		331,927													
	Staffing			0	0	1	2	0	0	3	2	9	14	397,650	317,599	715,249
GRAND TOTAL (RR + OR + SB)				0	0	1	6	0	0	7	10	21	38	903,610	871,045	1,774,655
Number of posts and staff costs:																
Current programme cycle										6	10	21	37			
At the end of proposed programme cycle (indicative only)										7	10	21	38	903,610	871,045	1,774,655

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

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Recommendation for funding for a short-duration country programme**

Sierra Leone

Summary

The present document contains a recommendation for funding from regular resources and other resources for the country programme of Sierra Leone with a duration of two years to support activities that will lead to the preparation of a full-length country programme. The Executive Director *recommends* that the Executive Board approve the amount of $5,448,000 from regular resources, subject to the availability of funds, and $10,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2002 to 2003.

* E/ICEF/2001/12.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2001 (E/ICEF/2001/P/L.73).

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Basic data[a] *(1999 unless otherwise stated)*	
Child population (millions, under 18 years)	2.2
U5MR (per 1,000 live births) (2000)	316
IMR (per 1,000 live births) (2000)	180
Underweight (% moderate and severe) (2000)	27
Maternal mortality ratio (per 100,000 live births)	..
Literacy (% male/female) (2000)	51/23
Primary school attendance (% net, male/female) (2000)	43/40
Primary school children reaching grade 5 (%)	..
Use of improved drinking water sources (%) (2000)	57
Routine EPI vaccines financed by Government (%)	0
GNP per capita (US$)	130
One-year-olds fully immunized against:	
Tuberculosis	73 per cent
Diphtheria/pertussis/tetanus	22 per cent
Measles	62 per cent
Poliomyelitis	61 per cent
Pregnant women immunized against tetanus	30 per cent

[a] Excerpted from the publication "Progress since the World Summit for Children: A statistical review", prepared as a supplement to the Secretary-General's report "We the children: End-decade review of the follow-up to the World Summit for Children" (A/S-27/3), and therefore may differ from data contained in the text of this document.

The situation of children and women

1. A child in Sierra Leone is among the most vulnerable of all children in the world. The country has the lowest Human Development Index (0.252), the lowest life expectancy (37.9 years), an infant mortality rate of 170 per 1,000 live births and an under-five mortality rate of 286 per 1,000 live births. Malnutrition is widespread, with 27 per cent of children under five years of age underweight and 34 per cent stunted. The maternal mortality ratio is estimated at 1,800 per 100,000 live births, and the prevalence of anaemia among pregnant women is 86 per cent. Malaria, diarrhoea, acute respiratory infections, measles, malnutrition and vaccine-preventable childhood diseases continue to be the major causes of morbidity and mortality among children under five years of age. Currently estimated at 6 per cent, the prevalence of HIV/AIDS is rising fast. There is an alarmingly low level of knowledge about HIV/AIDS, with about one half of the female population unaware of the basic facts about the virus and syndrome. The opportunities for improvement are limited, with only 42 per cent of school-age children enrolled in school, and some 70 per cent of the population are illiterate. With an estimated 82 per cent of the population living in poverty, the vulnerability of children and women is exacerbated. Basic services have been severely weakened as a result of the war. It is estimated that 60 per cent of the 740 health units and one third of the 2,200 primary

schools have been damaged during the war. Few schools or health units have their full complement of trained staff.

2. With the collapse of the 1999 Peace Agreement between the Government of Sierra Leone and the Revolutionary United Front (RUF) (Lome Peace Agreement) and resumption of hostilities in May 2000, humanitarian assistance in large parts of the eastern and northern regions of the country was stopped and has only recently resumed. Currently, about one half of the country, or approximately 1 million people, are considered insecure due to the presence of RUF. The security situation has been stable since the signing of a cease-fire agreement in November 2000. Over 400,000 people are internally displaced, and more than 400,000 are refugees outside the country.

3. The flow of adults and children into the disarmament, demobilization and reintegration programme decreased significantly after the May 2000 crisis. It was estimated that there were 45,000 combatants within RUF, the Sierra Leone Civil Defense Forces, the ex-Sierra Leone Army and other paramilitary groups, 12 per cent of whom were believed to be children. A total of 2,700 child ex-combatants have been demobilized.

4. The economy is beginning to recover, albeit from a very low base. The government budget proposal for 2001 estimated a 3.8 per cent growth in gross domestic product (GDP) in 2000, although recovery in the agricultural sector has been slowed by the insecurity. During 2000, the inflation rate fell from 36 to 4.2 per cent. The external debt burden is estimated at $1.2 billion, or 285.8 per cent of GDP. Scheduled debt service payments, excluding debt relief, are estimated at $61.7 million, or 59.1 per cent of export of goods and non-factor service.

Programme cooperation, 2000-2001

5. The programme was based on a scenario of improving security, stability and access. In 1999, the area of operation was gradually expanding, following the deployment of peacekeeping forces. This came to a dramatic halt just five months into the programme. Access decreased considerably, and humanitarian assistance was suspended to almost one half of the country. The programme was able to continue implementation in government-controlled areas with minimal interruption.

6. Because of the destruction of facilities and massive disruption to staffing, the priority was to rebuild primary health care (PHC) services. The restoration of services through the revitalization of primary health units (PHUs) and expansion of the expanded programme on immunization (EPI) have proven to be an effective strategy. The cold chain is now operating in 10 districts and coverage is gradually increasing. Full immunization coverage now stands at 39 per cent. Through negotiation with RUF, the polio campaign has reached all areas of the country, with over 800,000 children vaccinated. At the same time, 77 per cent of the children targeted were provided with vitamin supplementation. Through direct support to an increasing number of PHUs, the essential drugs system is being rebuilt, district health management is being strengthened, and the number of staff trained to improve quality of services is increasing.

7. As the lead agency for child protection in the disarmament, demobilization and reintegration programme, the UNICEF child protection programme has worked

successfully with the Ministry of Social Welfare, Gender and Children's Affairs to build a network of child protection agencies. Common standards have been applied and a system developed to enable a response to any situation. Almost 2,000 children entered the disarmament, demobilization and reintegration programme during the first six months, but following the May crisis, the number entering the programme shrunk to a trickle, and tracing and family reintegration were severely limited by inaccessibility and population displacement. Alternative long-term care systems (foster care, group homes, etc.) were established to assist children who could not be reunified immediately with their families. In 2000, 2,312 children were assisted, 46 per cent of whom were reunified with their families and 28 per cent of whom were placed in alternative care. Programmes established in 1999 to assist girls who had been sexually abused assisted a further 231 children in 2000; to date, 585 girls are back in school or undergoing skills training. In preparation for the Truth and Reconciliation Commission, procedures are being prepared to guide the involvement of children in the process.

8. The water and sanitation programme responded to a sudden increase in the number of internally displaced persons (IDPs) following the May crisis, and the influx of returning refugees from Guinea since September 2000 when the security situation there deteriorated. The commitment to improve services in PHUs and schools was also maintained. In one year, 173,000 people, 18 schools and 11 PHUs were provided with access to a source of safe drinking water in seven districts. A water bowser and a latrine evacuation truck provide water and sanitation facilities to 30,000 IDPs within Freetown. Latrines were constructed in households and public markets to provide 108,000 people with basic sanitation facilities. Initiatives to reduce the incidence of cholera, including the use hygiene education promoters and well chlorination, have proven successful.

9. In 2000, 67 schools were assisted, improving access for over 30,000 children. To enable war-affected children to re-enter the formal school system, the rapid response education programme, with over 10,000 children enrolled and complementary rapid education for primary schools, with nearly 2,000 children enrolled, were started and show encouraging signs. Similarly, the non-formal education system has received good community support, enrolling 18,000 children, with an 87 per cent retention rate.

Lessons learned from past cooperation

10. The strategy of support to sector development, revitalization of service delivery at the point of delivery, development of unique programmes for specific areas of need and rapid response to acute emergencies have proven to be valid for the current situation and projected scenarios.

11. EPI, particularly the polio eradication campaign, has offered a tangible entry point for the revitalization of PHC services. In addition, it creates opportunities to increase the coverage of health services into RUF-held areas. Support to district health management teams (DHMTs) is starting to show an impact on the quality of services, but with weak infrastructure, the development of sustainable systems remains a long-term goal.

12. Child protection and reunification within a national context of ongoing conflict are highly complex. While the Government is firmly committed to stopping the use

of child soldiers, some of the armed forces are still recruiting children. More targeted advocacy will be required to end this practice. The involvement of the local community, along with long-term follow-up support and access to education, are vital elements to successful reintegration. The Child Protection Network (CPN) enables the provision of an effective and comprehensive care service.

13. The water and environmental sanitation sector is constrained by a lack of implementation capacity despite severe needs. While investment levels remain low, it will be difficult to attract private drilling contractors. Community maintenance, sanitation and hygiene promotion require considerable strengthening.

Recommended programme cooperation, 2002-2003
Estimated annual expenditure
(In thousands of United States dollars)

	2002	*2003*	*Total*
Regular resources			
Health and nutrition	450	475	925
Water and sanitation	300	370	670
Education	450	475	925
Child protection	450	475	925
HIV/AIDS	220	230	450
Planning, monitoring and evaluation	150	160	310
External relations and advocacy	150	160	310
Cross-sectoral costs	459	474	933
Subtotal	**2 629**	**2 819**	**5 448**
Other resources[a]			
Health and nutrition	1 100	1 100	2 200
Water and sanitation	600	600	1 200
Education	800	800	1 600
Child protection	1 500	1 500	3 000
HIV/AIDS	535	535	1 070
Planning, monitoring and evaluation	100	100	200
External relations and advocacy	100	100	200
Cross-sectoral costs	265	265	530
Subtotal	**5 000**	**5 000**	**10 000**
Total	**7 629**	**7 819**	**15 448**

[a] In addition, these programmes will be funded through emergency appeals estimated to raise $5.2 million each year, based on the experience gained through the appeals in 1999-2001.

Country programme preparation process

14. The country programme preparation process started in September 2000 with the development of the 2001 Consolidated Appeals Process (CAP), which was based on a comprehensive assessment involving United Nations agencies, the Government, donors and non-governmental organizations (NGOs), and approved by the Ministry of Development and Economic Planning and the National Commission for Reconstruction, Resettlement and Rehabilitation (NCRRR). The draft country programme recommendation was developed from additional sector-specific reviews and a log-frame analysis for each proposed programme. Under the coordination of the Ministry of Development and Economic Planning, the counterpart ministries approved the proposed programme of cooperation.

Country programme goals and objectives

15. In respect of the precarious nature of the rights of children in Sierra Leone, the country programme goal is to strengthen the systems that can protect and fulfil the rights of these children. The programme objectives are to work in safe areas of the country to: (a) increase access to quality PHC services; (b) increase access to sustained water and sanitation facilities, and improve personal hygiene practices; (c) increase access to quality primary education; (d) ensure access to care and protection for separated children, including child ex-combatants in need of special protection; (e) increase knowledge and life skills of adolescents for protective behaviours with regard to HIV/AIDS; and (f) promote implementation and monitoring of the Convention on the Rights of the Child.

Relation to national and international priorities

16. The country programme will be a part of the Government's plan for post-war reconstruction and poverty reduction, with priority on health, education and water and sanitation services, and HIV/AIDS prevention. The child protection programme is central to the Government's plans for the demobilization and reintegration of the child ex-combatants. The country programme includes UNICEF core commitments in emergencies, as well as commitments for the protection of children and advocacy against the use of children by the armed forces. Furthermore, the programme reflects priorities on HIV/AIDS, access to basic services, school enrolment of girls and the reduction of maternal mortality.

Programme strategy

17. The programme design is based on the most likely scenario, but with the ability to adapt to changes. It is expected that the current situation will continue, and there will be a slow deployment of the United Nations Mission in Sierra Leone (UNAMSIL) into RUF areas and a gradual increase in access to civilians currently cut-off from humanitarian assistance. The lack of access will limit resettlement of IDPs in the north and east. Most IDPs will resettle in the western area and the south, putting a strain on host communities. A resumption of active hostilities, combined with increased cross-border incursions and massive population displacement,

constitute the worst case scenario. Freetown would be under threat, and the majority of the country would be inaccessible to humanitarian assistance. The resettlement of IDPs would be severely curtailed, leading to a high IDP population in the Freetown area. The least likely scenario is a resumption of the Lome Peace Agreement commitments and a stable security situation, whereby the disarmament, demobilization and reintegration programme accelerates rapidly, and the entire country comes under government control and is accessible for humanitarian assistance.

18. With a fractured and weakened service delivery system, it is necessary in the next two years to focus on strengthening service delivery to build the capacity of communities and families to carry out their obligations for the protection and fulfilment of children's rights in subsequent years. The programme will be implemented in such a way as to contribute to the peace-building process and create opportunities to extend basic services to women and children in areas currently occupied by RUF. The programme will be implemented through four basic strategies: service delivery; advocacy and social mobilization; capacity-building; and emergency preparedness and response.

19. The overall programme priority is to increase access to basic service delivery and improve the quality of services. This will require support to all aspects of the delivery systems. Direct support to 100 PHUs and 100 schools in the same locality, including support for water and sanitation facilities, will act as the entry point for a range of community-based interventions, from growth monitoring, safe motherhood and hygiene behaviour change to community-based maintenance of water sources. In addition, the programme will support services to displaced populations, returning refugees and their host communities. Advocacy and communication will be threads woven throughout the programme. Advocacy will be undertaken to ensure that no armed forces are using children, as well as for the protection of the best interests of the child in the Truth and Reconciliation Commission and Special Court. Social mobilization will be a major strategy to increase adolescents' knowledge of HIV/AIDS and to promote safe behaviour, re-establish community-based maintenance for water sources and promote hygiene behaviour change. Capacity-building will concentrate on strengthening the planning, data collection and use, monitoring and supervision systems of the national and district authorities within the context of the decentralization policy. In addition, teachers and 1,000 health staff will be trained. Emergency preparedness and response will be an integral part of the programme. The two most likely types of emergencies are displacement and disease outbreaks, such as cholera, measles and yellow fever. The programmes will have sufficient contingency supplies to respond immediately to the needs of 10,000 displaced people, while at the same time including all the interventions as set out in UNICEF core corporate commitments. Special attention will be paid to abused children, especially girls.

20. **Health and nutrition**. This programme will be based around specific and well-accepted services. Support to EPI and 100 PHUs will form the core. The EPI project will cover all safe areas with cold rooms and EPI services, operating from 500 PHUs, with an additional 1,000 health staff and 10,000 trained in vitamin A supplementation. Building on the success of the polio campaign in reaching all areas of the country, the EPI project will endeavour to increase coverage in RUF-occupied areas. One polio subnational immunization day each year is planned. The interventions will contribute to achieving the target of 60 per cent fully immunized

children and 90 per cent coverage for vitamin A supplementation. Under the district PHC management project, support will be provided to strengthen policy development, DHMT team skills in supervision and planning, staff training on case management and essential drugs, management information systems and supply management. Essential drugs will be supplied to 100 PHUs, and community-based activities facilitated from PHUs will be restarted. The safe motherhood project will supply 200 PHUs with drugs and bednets for each pregnant woman in an effort to reduce anaemia. The 2,000 trained traditional birth attendants will identify and refer at-risk women and encourage 80 per cent of pregnant and lactating women to enrol in anaemia prevention activities. Using community health workers as the entry point, the community growth monitoring project will enable the catchment communities of 100 PHUs to identify and take action for the rehabilitation of malnourished children.

21. **Water and sanitation**. This programme will support interventions through an integrated approach, with an emphasis on community-based sustainability and good hygiene practices. Community-based maintenance will be revitalized. Extension staff will be supported to carry out the community work before, during and after construction. Some 40,000 IDPs and returning refugees and 50,000 people in the IDP resettlement programme will have access to sustained safe water and sanitation. In addition, water and sanitation facilities will be provided for 100 schools and PHUs that will also serve as the entry points for the promotion of hygiene practices in the catchment communities, with the aim of reducing the incidence of diarrhoeal diseases by 30 per cent.

22. **Education**. This programme aims to improve access to quality primary education through support for renovations and the supply of learning and teaching materials to enable a further 110,000 children to attend school, and the establishment of non-formal schools to give access to schooling to 20,000 children. Support to the complementary rapid education for primary schools programme will enable 100,000 children older than school age who have been directly affected by the war to enter the formal schooling system. The programme will respond to emergency situations to limit disruption to education in conditions of displacement.

23. **Child protection**. This programme is in a unique position to support planning, coordination and quality control for the protection of all categories of separated children, including ex-combatants. The programme will support the efforts of CPN and its partners to provide care, protection and reintegration. In addition, support will be provided for the care and protection of girls in need of special protection, including pregnant teenagers and child sex workers, in the main urban areas. Monitoring systems will be expanded to identify and follow-up on violations regarding children. The protection of children within the judicial system will focus on the protection of their rights in the Truth and Reconciliation Commission and Special Court and their care and protection in judicial custody.

24. **HIV/AIDS**. Adolescents will be the main targets and actors of this programme. Using all effective mass communication channels, the programme will bring adolescents together with technical specialists to provide information in a straightforward and unambiguous way in a format that is attractive to adolescents. In addition, to enable adolescents to gain life skills in a constructive environment, the life skills project will work with 100 secondary schools to facilitate in-school and out-of-school peer activities.

25. **Planning, monitoring and evaluation**. For this programme, the Planning, Monitoring and Evaluation Unit will provide inputs to ensure that the needs of children and women are addressed in new social policies resulting from the Poverty Reduction Plan. At the same time, to support the planning process, the Unit will maintain an up-to-date situation analysis, monitoring data on the programme and emergency preparedness plans.

26. **External relations and advocacy**. For this programme, the External Relations and Advocacy Unit will provide information to national and international media and donors on the programme and the situation of women and children in Sierra Leone. In addition, the Unit will be responsible for expanding the Global Movement for Children around the issue of Education for All, the promotion and monitoring of children's rights, and the Child Rights Law.

27. **Cross-sectoral costs** will ensure the availability of administrative, financial, supply and logistics support for implementation of the country programme.

Monitoring and evaluation

28. An integrated monitoring and evaluation plan has been developed based on a logical framework analysis of each programme. There is a lack of accurate data, and specifically targeted surveys and studies will be required. Data collection and management at the district level will be strengthened to provide monitoring information. Data will be collected from counterpart and partner reports, in combination with supervision and monitoring field visit reports. Field offices will closely monitor implementation and make weekly reports. Regular progress reviews and detailed annual programme reviews, as well as a CAP review, will be undertaken.

Collaboration with partners

29. CAP brings together all of the United Nations agencies, NGOs and the Government for common assessment and joint programming. In addition, UNICEF collaborates closely with the World Health Organization (WHO), the United Nations Population Fund and other partners in the HIV/AIDS Theme Group, as well as on other health interventions. The programme will partner with a wide range of national and international NGOs that provide services for child care and protection, health care, and the provision of water and sanitation. Partners in each sector meet regularly to share information and coordinate interventions. In supporting the disarmament, demobilization and reconciliation programme, UNICEF will work closely with the Government, the World Bank and UNAMSIL. Joint planning in the health sector will be undertaken with the World Bank and WHO.

Programme management

30. Under the overall coordination of the Ministry of Development and Economic Planning and NCRRR, a committee from the counterpart ministry and UNICEF will jointly manage each programme. UNICEF will manage the programme from its main office in Freetown, with support from three zonal offices. Depending on the

security situation, the zonal offices in Bo, Kenema and Makeni will provide logistics support and monitor programme implementation in the Southern, Eastern and Northern Provinces, respectively.

TABLE

COUNTRY : SIERRA LEONE
PROGRAMME : 2002-2003

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
HEALTH AND NUTRITION	925,000		925,000	0	0	0	1	0	0	1	0	1	2	344,868	19,859	364,727
WATER, ENVIRONMENT & SANITATION	670,000		670,000	0	0	0	0	0	0	0	1	1	2	0	75,452	75,452
EDUCATION AND YOUTH DEVELOPMENT	925,000		925,000	0	0	0	1	0	0	1	0	1	2	344,868	19,859	364,727
CHILD PROTECTION	925,000		925,000	0	0	0	1	0	0	1	0	1	2	344,868	19,859	364,727
PLANNING,MONITORING AND EVALUATI	310,000		310,000	0	0	0	0	0	0	0	1	1	2	0	83,190	83,190
EXTERNAL RELATION AND ADVOCACY	310,000		310,000	0	0	0	0	1	0	1	0	0	1	304,491	0	304,491
HIV AIDS	450,000		450,000	0	0	0	0	0	0	0	1	1	2	0	75,452	75,452
CROSS-SECTORAL COSTS	933,000		933,000	0	0	0	0	1	0	1	4	16	21	304,491	400,129	704,620
TOTAL RR	5,448,000		5,448,000	0	0	0	3	2	0	5	7	22	34	1,643,586	693,800	2,337,386
OTHER RESOURCES :																
HEALTH AND NUTRITION		2,200,000	2,200,000	0	0	0	0	0	0	0	5	1	6	0	252,468	252,468
WATER, ENVIRONMENT & SANITATION		1,200,000	1,200,000	0	0	0	1	0	0	1	1	1	3	344,868	83,190	428,058
EDUCATION AND YOUTH DEVELOPMENT		1,600,000	1,600,000	0	0	0	0	0	0	0	2	0	2	0	98,581	98,581
CHILD PROTECTION		3,000,000	3,000,000	0	0	0	0	0	0	0	2	0	2	0	85,976	85,976
PLANNING,MONITORING AND EVALUATI		200,000	200,000	0	0	0	0	0	0	0	0	0	0	0	0	0
EXTERNAL RELATION AND ADVOCACY		200,000	200,000	0	0	0	0	0	0	0	0	0	0	0	0	0
HIV AIDS		1,070,000	1,070,000	0	0	0	0	0	0	0	1	0	1	0	42,988	42,988
CROSS-SECTORAL COSTS		530,000	530,000	0	0	0	0	0	0	0	1	9	10	0	176,324	176,324
TOTAL OR		10,000,000	10,000,000	0	0	0	1	0	0	1	12	11	24	344,868	739,527	1,084,395
TOTAL RR & OR	5,448,000	10,000,000	15,448,000	0	0	0	4	2	0	6	19	33	58	1,988,454	1,433,327	3,421,781
SUPPORT BUDGET	Operating costs		533,596													
	Staffing			0	0	1	2	0	0	3	2	9	14	1,139,914	341,798	1,481,712
GRAND TOTAL (RR + OR + SB)				0	0	1	6	2	0	9	21	42	72	3,128,368	1,775,125	4,903,493
Number of posts and staff costs:																
Current programme cycle										9	14	36	59			
At the end of proposed programme cycle (indicative only)										9	21	42	72	3,128,368	1,775,125	4,903,493

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

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Recommendation for funding for a short-duration country programme**

Southern Cone area: Argentina, Chile and Uruguay

Summary

The present document contains recommendations for funding from regular resources and other resources for the country programmes of the Southern Cone of Latin America (Argentina, Chile and Uruguay), supported through an area-office management structure. The Executive Director *recommends* that the Executive Board approve the country programmes for Argentina, Chile and Uruguay in the amount of $4,500,000 from regular resources, subject to the availability of funds, and $11,100,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2002 to 2004.

* E/ICEF/2001/12.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2001 (E/ICEF/2001/P/L.73).

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Introduction

1. This recommendation presents the programmes for the three countries of the Southern Cone area, framed by a common strategy and managed through an area management plan. The shared strategic framework is based on similarities among the three countries in the nature of problems of children and adolescents, as well as the results of past UNICEF cooperation. It also responds to the interest of the three Governments to increase intercountry cooperation. Although the proposed country programmes are rooted in certain commonalties, each responds to country-specific conditions that give final shape to UNICEF cooperation.

2. Argentina, Chile and Uruguay are relatively advanced in economic terms, and have met most of the goals of the World Summit for Children. However, in spite of important government efforts and generally favourable basic social indicators, strong inequities persist. Significant percentages of the populations of each country remain impoverished, and a high percentage of the poor are children. Social policies tend to focus on the symptoms of poverty rather than on its causes, and the "rights approach" to development has not yet been fully applied. UNICEF is being asked by the Governments and civil societies in these countries to identify and address pivotal issues that bear on children's enjoyment of their rights, and to help generate social commitment to child rights to the point where the process of change in favour of children becomes irreversible.

3. Governments in the three countries are actively promoting channels for integration and cooperation to deal with common social problems. In the larger regional context, such treaties as MERCOSUR (*Mercado Común del Sur*) (Common Market of the Southern Cone) are strengthening political and economic ties. Non-governmental organizations (NGOs) and the private sector are increasingly expanding their activities beyond national borders. As an international body with cross-border linkages of its own in the Southern Cone, UNICEF is an asset in supporting growing intercountry relations.

4. The commonalties among the three countries provide opportunities for convergence in programming and operational practices. Similar social problems require solutions adapted to particular local circumstances, but there is added value in the systematic interchange of experiences, best practices and institutional resources among countries. Several area-wide programme initiatives are under way and, since 1997, the senior staff of the three offices comprise an area management team. In January 2001, UNICEF inaugurated a single processing centre for operations, finance and administration to serve the three countries.

5. Since the Executive Board decided to revise criteria for the allocation of regular resources in 1997, Argentina, Chile and Uruguay have been designated as "countries in transition" towards alternative modes of UNICEF cooperation. The present recommendation reflects a new paradigm for the work of UNICEF in middle- income countries, which has been developing since 1997. The Board's decision led to a proposal by the Latin America and Caribbean Regional Management Team for "self-funded programmes", and triggered a process of change that affected the programmatic role, operational structure and fund-raising capacity of UNICEF. This process and its accomplishments will be capitalized upon throughout the 2002-2004 programme cycle to progress further towards a programmatic presence that does not depend on regular resources. Private sector

fund-raising efforts are under way, with differing degrees of success. Argentina's well-established and successful private fund-raising history permits an early phasing out of regular resources support, while additional time is required to develop such a capability in Chile and Uruguay. UNICEF will require a small but sustained presence in the three countries if it is to remain attuned to social and political processes and respond to demands for cooperation. Based on the conclusions of the 1999 mid-term review (MTR), the present recommendation is for programmes with a three-year duration that are proposed as a new phase in the context of changing, but continuing, UNICEF cooperation.

The situation of children and women

6. In Argentina, Chile and Uruguay, economic growth over the past decade was generally strong, particularly before the Asian financial crisis of the late 1990s. However, progress in redistributing income to benefit the less advantaged ranged from moderately good to poor.

7. Although Argentina enjoyed strong economic growth in the first half of the 1990s, performance began to deteriorate at mid-decade, and the country entered a prolonged recession in 1998. Likewise, the poverty rate declined from a high of 30 per cent in 1990 to 22 per cent in 1995, but has since increased to 34 per cent of the population, including 45 per cent of all children. Income disparities increased over the course of the decade, and marked regional disparities have persisted. Some 5 million children live in poverty.

8. In Chile, in a context of strong economic growth, rates of poverty have been reduced from over 40 per cent in 1990 to 21.7 per cent in 1998. Children continue, however, to be relatively more affected, with one third of children under the age of 14 years living in poverty.

9. In Uruguay, according to the Economic Commission for Latin America and the Caribbean (ECLAC), economic growth over the past decade has been accompanied by a reduction of poverty levels, from 18 per cent of the population in 1990 to 12 per cent in 1998. However, according to the United Nations Development Programme (UNDP), poverty is high among children and adolescents. In 1994, 38.1 per cent of children under five years of age lived in poor households; the figure had risen to 46.5 per cent in 1997. Although regional and social disparities are less pronounced than in the other countries of the Southern Cone, they are increasing and threaten the traditional homogeneity of Uruguayan society.

10. Social expenditure, although variable, has been traditionally high in the Southern Cone. In Chile, increases in health and education spending in the 1990s have countered the drastic cuts applied during the previous two decades. In 1999, total social expenditure, including social security, amounted to 67.8 per cent of total government expenditure, or 16.6 per cent of the gross domestic product. In Uruguay, social expenditure is high, at 22.5 per cent of gross national product. However, investment in children is relatively small. Argentina presents a similar picture, with total social spending amounting to 62.3 per cent of public expenditure in 2000, two thirds of which are committed to social security.

11. National averages conceal socio-economic, geographic, ethnic, age and gender disparities. Increasingly, different actors, including the Governments, recognize that

neither market mechanisms nor the current social policies have reversed the significant inequalities in income distribution, and that national economic progress has not brought social mobility, access to rights or gender equality to significant percentages of the population. The effectiveness of palliative social programmes, particularly with respect to the poor, has been limited. Despite generally satisfactory rates of basic service coverage, differences in the quality of the services provided to the wealthy and to the poor have maintained traditional inequities rather than create opportunities to overcome them.

12. At the same time, the return to democracy in the Southern Cone has given rise to awareness that social equity and well-being are indispensable to sustained economic growth. These issues are present in political debates and agendas, the media and public opinion. This awareness provides fertile ground for the promotion of children's and women's rights. It allows for growth of the conviction that poverty and disparities which lead to exclusion and limit upward social mobility are not inevitable, and that poverty and disparities which deny a substantial proportion of children their rights are unacceptable and must be combated. The seeds for such an ethic are there, but as yet there is no self-sustaining movement or "critical mass" in the societies of the Southern Cone to work consistently and continuously in favour of children.

13. An analysis of accomplishments and shortfalls in terms of rights shows that there are distinctive differences, as well as strong similarities among the three nations. In particular, some common institutional mechanisms and social values that shape children's destinies are found to be pivotal obstacles or issues in the process of promoting and protecting child rights. Five common issues were identified: (a) institutionalizing at-risk children; (b) equitable access to quality education; (c) child labour; (d) the difficulties faced by families in fulfilling their role as primary caretakers, protectors and educators of children; and (e) societal difficulties in dealing with adolescents as subjects of rights.

14. The first pivotal issue refers to the institutionalization of at-risk children. Paternalism and charitable approaches reflect society's predominant belief that impoverished parents are incapable of raising children and that responsibility should be taken on by State-supported institutional homes. These institutions play an important role in the current design of social policies for children and account for a significant portion of resources spent. Long-standing legislation in the Southern Cone tends to solve children's problems (and treat "problem children") by placing them in institutions, irrespective of whether the child is a victim or law offender, suffers from a physical or mental disability or belongs to a family considered too poor to provide adequate care.

15. In Argentina, the Convention on the Rights of the Child was ratified in 1990 and incorporated into the Constitution in 1994, as was the Convention on the Elimination of All Forms of Discrimination against Women. However, national civil and criminal law have yet to be revised to ensure consistency with the Conventions. So far, 5 of 23 provinces and the city of Buenos Aires have reformed civil and judicial procedures to protect child rights, and the reform of laws is on the agenda of the National Government. For the most part, however, the child is perceived as an object for guardianship rather than a subject of rights, and the State's protective measures for children are regulated by a judicial framework that fails to differentiate between legal and criminal problems and those that derive from poverty. In both

cases, children are subject to institutionalization without due process. The system is haphazard, and there are no reliable figures or even estimates of the numbers of children in institutions or the reasons for their being there.

16. Chile also ratified the Convention on the Rights of the Child in 1990, and the Government is taking initiatives to change national laws. None the less, when dealing with children the justice system mixes protection with repression, courts deal with law offenders and children whose rights have been violated in a like manner, i.e. without due process. The obsolete protection system for minors keeps over 23,000 children and adolescents in closed institutions, with another 100,000 in special institutions as a result of such diverse problems as abandonment, behavioural disorders, disabilities or legal offences.

17. Although Uruguay has ratified the Convention on the Rights of the Child, and a new Children and Adolescents' Code has been under discussion in Parliament for the last five years, harmonization of the law with the Convention is unfinished. Children in conflict with the law may be incarcerated without due process, and children may be separated from their families and institutionalized solely for reasons of poverty. The Government has undertaken steps to improve birth registration because too many children, particularly from the poorest sectors, are not registered at birth. Non-compliance with this basic right to a name and nationality limits the child's access to other rights, including health and education, in later life. Current birth registration regulations contain other flaws; adolescents are not permitted to register their children, and children who are not registered, for whatever reason, are assigned a surname at random by the State.

18. Access to and the quality of education is a second pivotal issue. All three countries have very high levels of access to primary education, and for several years the three Governments have been implementing important educational reforms aimed at improved quality and equity in education. However, the availability of early childhood and pre-school education remain challenges, as do secondary school enrolment and drop-out rates. A poor child with fewer than 12 years of education is likely to remain poor. The current design of educational policies, the respective roles of the public and private sectors, the funding structure and the cultural context allow replication of disparities in the quality of education, discrimination and exclusion, and only incipiently promote the participation of the family in the education of their children. Taken together, these factors lead to significant differences in learning achievements and performance. Public awareness of and the demand for the right to equity in education is in an early stage, and the underlying structural issues of inequity are just beginning to be recognized.

19. In Argentina, the net primary enrolment rate is above 96 per cent. Access to and performance in secondary school is less satisfactory; the average length of schooling is 14 years for higher-income children compared to 7.9 years for the less privileged. The causes of school repetition and drop-out rates include the need to work to help support the family; the perceived irrelevance of secondary education; the lack of family support; and among girls, early pregnancy and responsibility for household chores and family care.

20. Chile presents a similar picture. Primary school coverage is above 96 per cent, and even secondary enrolment reached 86.9 per cent in 1998. However, the education system replicates inequities and socio-economic segmentation of society, with administrative and financing mechanisms that favour schools attended by

children who are better off. Low learning achievement prevails in almost one half of the "poor" schools compared to less than 5 per cent of those in higher-income brackets. Poorer children are more likely to leave school early, entering the labour market in low-paying jobs with little opportunity for advancement. Children with disabilities are only beginning to be included in regular education. Early childhood development (ECD) is a recently renewed government priority. The sector is still fragmented, and quality outreach services to empower families with child-care knowledge and skills are limited. Only about 30 per cent of children below the age of six years are covered by any programme (e.g. support to families or pre-school), with little coverage for children under the age of four years.

21. In Uruguay, access and completion rates for pre-primary and primary education are high. Some 89 per cent of four- and five-year-olds attend pre-primary school, and net primary school enrolment has been above 93 per cent for several decades. Grade repetition and drop-out start early in secondary school. Only 60 per cent of children complete the middle cycle, and 30 per cent complete high school. The quality of education also varies, and a significant proportion of primary school students have difficulty passing standardized language and mathematics tests. Only 30 per cent of secondary school teachers hold degrees qualifying them to teach at that level. Schools are perceived as the responsibility of the State, and there is little encouragement for student or parental involvement in their management.

22. The third pivotal issue is child labour. Despite progress owing to the creation and functioning of national commissions for the eradication of child labour, the practice continues to be culturally accepted, and there is limited awareness of its magnitude and effects. Children from impoverished households are often forced to drop out of school and work, becoming non-skilled labourers who are unlikely to escape poverty.

23. An estimated 120,000 Chilean children under 18 years of age, 47,000 of whom are under 15 years of age, are working. Of child workers under 15 years old, one quarter have left school, and of those between 15 and 18 years old, only 20 per cent attend school regularly. Several studies show that female child labour is underestimated. Domestic chores, child-rearing and elderly care are considered women's responsibilities and remain underreported as labour.

24. Uruguay's child labour incidence has only recently been measured. An estimated 5 per cent of children 12-14 years old work, as do 20 per cent of children aged 14-17 years. More than 60 per cent of the latter group have left school and work in extremely low-paying jobs, with grim prospects for economic advancement.

25. In Argentina, an estimated 252,000 children under the age of 14 years are working in urban areas, most of them for extremely low wages in the informal economy. Another 60,000 work in rural areas, often travelling with their families — and away from their schools — to harvest cotton, tobacco and other crops.

26. A fourth pivotal issue is the hardship many families face fulfilling their role as primary caretakers, protectors and educators of children. Insufficient resources, gender inequities, authoritarian practices and intra-family violence constitute obstacles to ensuring that every child can grow in a supportive family environment. This cultural reality is coupled with a fragmentation of public policies to empower families in their caretaking and protective roles.

27. In Chile, many families have difficulties in establishing nurturing relationships. A UNICEF study in 2000 showed that 75 per cent of children report being affected by some form of violence by their parents. Compared to an earlier study in 1994, severe physical violence against children fell by 26 per cent, but it still affects one out of every four children. Traditional gender roles give rise to diverse expressions of inequity, discrimination and authoritarianism, which begin in early childhood and continue throughout the life cycle. The nuclear family is considered the ideal in large segments of public opinion, as reflected in the unsatisfactory response of certain services to the needs of other family structures (e.g. single mothers, women-headed households and multi-family households).

28. A 1999 study in Uruguay noted that up to 34 per cent of girls and 43 per cent of boys reported being subjected to some form of violence. (The definition of violence differs in the Chilean and Uruguayan studies and should not be compared.) Among adults, nearly all family violence — 97 per cent of reported cases — is directed against women. Statistics on intra-family violence and gender-related violence in Argentina are incomplete, but evidence suggests the phenomenon is widespread.

29. The difficulty of society to deal with adolescents as subjects of rights constitutes the fifth pivotal issue. The predominant feelings about young people in the Southern Cone range from concern to fear, reinforced by the media through a negative and often misinformed portrayal of youth. Adolescents are not recognized as actively contributing members of society. This is reflected in the lack of public policies to improve their social standing or promote their participation in the decisions that affect them and their environment. In all three countries, the media and some political circles persist in blaming youth for increasing crime and security problems, although accurate figures are lacking.

30. In all three countries, adolescent health rights are an important issue, and one of the factors that reproduce poverty and generate obstacles to adolescent development and the development of their children is early pregnancy. In Argentina, there is no national programme for reproductive health, although some provinces and municipalities have taken an initiative in this area. In some provinces, nearly one quarter of all births occur to girls under the age of 19 years, and 10 per cent of urban girls aged 15 to 19 years are or have been pregnant. A similar situation is developing in Uruguay, with 17 per cent of all births now occurring to adolescent mothers, and in Chile, with 16 per cent.

31. The same is true for sexually transmitted diseases. Rates of HIV/AIDS infection in the Southern Cone continue to increase, particularly among women, as the average age at infection decreases. In all three countries, the highest rates of AIDS prevalence occur in the 21- to 30-year-old age group, indicating that the original HIV infection likely took place during adolescence. Uruguay presently reports approximately 1,000 confirmed cases of AIDS, Chile 3,800 and Argentina over 17,000. While such numbers may not seem dramatic when compared to those elsewhere in the world, the historical lesson is that strong preventive programmes, aimed at adolescents in particular, should be put in place.

32. There are gender aspects to each of these priority issues. While some issues may seem to affect boys more than girls, such as child labour, the three societies remain paternalistic, and gender discrimination generally affects girls rather than boys. The prevalence of stereotyped gender roles affects the autonomy of girls, their

participation in the public sphere and their being perceived as subjects of rights. Child labour among girls is related mainly to domestic chores, emphasizing the home as the exclusive responsibility of women and, as such, housework is not necessarily recognized as child labour. Violence against girls, both within and outside the family, continues to affect all socio-economic sectors. While girls' education levels match those of boys in all three countries, the labour market discriminates in favour of men in terms of opportunities and salaries. Women's representation in Government, on the other hand, has been increasing in all three countries. In Argentina, national law requires that political parties nominate equal numbers of women and men in legislative elections.

33. The Committee on the Rights of the Child has also flagged several of these pivotal issues. For Argentina, the Committee expressed concern about the effective coordination between the different levels of Government for implementing the Convention. The Committee recommended the establishment of a juvenile justice system, with training of law enforcement personnel and judges on the international standards on juvenile justice, and greater efforts to provide families with education on the equal responsibilities of parents and how to prevent intra-family violence. The Committee recommended measures against school drop-outs and to encourage the active participation of children and adolescents in the spirit of article 12 of the Convention. For Chile, the Committee has expressed concern about the existing poverty, and the geographic and social disparities and their impact on the quality and effective access to health services and education. The Committee recommended special efforts to harmonize legislation with the Convention, notably the juvenile justice system, and to fight ill treatment of children. For Uruguay, the Committee also recommended harmonization of the law with the Convention; providing support to families in their child-rearing responsibilities; measures to overcome the lack of birth registration and to combat adolescent pregnancy and child labour; and the establishment of a new juvenile justice system.

34. Moreover, each country has its own peculiarities and additional critical issues which UNICEF must address. For example, even with declining under-five mortality (from 29 per 1,000 live births in 1990 to 21 in 1999), Argentina has been outperformed by other less wealthy countries in the region. Child and maternal mortality rates vary widely among provinces, and according to the age and educational level of the mother. More than one half of infant mortality is considered to be due to preventable causes. UNICEF-sponsored surveys in the mainly rural province of the Chaco and in greater Buenos Aires have detected rates of anaemia of between 50 and 65 per cent in children under the age of two years and of 33 per cent among pregnant women.

35. Although over 60 per cent of children in Argentina are still breastfed at the age of four months, the rate of exclusive breastfeeding at age six months is below 4 per cent. In Chile, exclusive breastfeeding during the first six months reached 45 per cent of children in the mid-1990s, but has since dropped to 39.4 per cent in 2000 and, thus, requires renewed attention. In Uruguay, breastfeeding rates are improving, as 37 per cent of children are breastfed at the age of four months.

36. These pivotal issues exist in each of the three countries, but are manifested to greater or lesser degrees and sometimes in different ways. Each country programme has been designed to address the common pivotal issues according to country-

specific analyses, with objectives and strategies adapted to each country and its specific issues.

Programme cooperation, 1997-2001

37. The overall objectives of the three country programmes, while not formally developed together, were similar in nature. They aimed at: (a) increasing knowledge of the Convention on the Rights of the Child and the situation of children; (b) supporting processes to harmonize legal frameworks with the Convention; (c) improving the quality of basic services in Chile and Uruguay; and (d) supporting implementation of National Plans of Action (NPAs). In Argentina, UNICEF also aimed to assist selected provinces to develop social policies for children.

38. The Executive Board decision's to revise the allocation of regular resources soon after the programmes of cooperation were approved triggered an intense and well-planned review and adjustment of the programmatic role, operational structure and fund-raising capacity of UNICEF in the Southern Cone area. The definitions of the programmatic goals, objectives and strategies were sharpened through identification of the pivotal issues described above.

39. The milestone MTR in 1999 endorsed the strategic redefinition of the role of UNICEF in the Southern Cone, putting less emphasis on service delivery and greater emphasis on communication, to give visibility to neglected issues and on the political and technical aspects of being a catalyst and advocate for child rights. The MTR concluded that UNICEF had a dual purpose in the Southern Cone: (a) to help resolve the pivotal issues that affect children's enjoyment of their rights; and (b) to build a self-sustaining movement to work in favour of children.

40. Many of the programming initiatives to meet this adjusted vision were already broadly defined in the 1997-2001 programmes, and were elaborated or modified as needed in 2000 and 2001. Additional new elements were added during the same period. As a result, the 2002-2004 country programmes will build on a conceptual basis and set of programmatic experiences that are well-established in the present programmes.

41. In the three countries, UNICEF advocacy and technical support to the various actors involved in the process have been relevant in legislative, judicial and institutional reform to ensure coherence with the Convention. In Argentina, substantive progress was made in five provinces (plus the city of Buenos Aires) where new laws have been approved. The process is still under way in several more provinces and at the federal level. In Chile, important advances were made, with the adoption by Parliament of new laws on filiation and adoption. More recently, key decision makers, including in the Ministry of Justice, mobilized around the need to overhaul the child protection system. UNICEF provided technical support for preparing the draft laws to reform the juvenile justice and child protection systems. In Uruguay, UNICEF supported the commission in charge of drafting the Children and Adolescents' Code and the training of officers of the National Minors Institute on child rights' issues. While the Code is still under discussion in Parliament, its adoption would provide Uruguay with a modern juvenile justice system and remove social problems from the judicial system, emphasizing support to families in their child-rearing and rights protection roles. In the three countries, progress towards

approval of new laws has been slower than hoped, but understandable given the complexity of the issues and of the actors and institutions involved.

42. In the three countries, new pilot models for institutional reform were supported, with encouraging results. The city of Guaymallen, Argentina, reoriented resources from the institutional care of children "at risk" to improved social services for families. A network of child rights promoters is linked to a Child Rights Council and municipal professionals to support families in claiming and protecting the full respect of their children's rights. The model is now being tested in four other large municipalities and has stimulated interest in Chile. In five regions in Chile, UNICEF increased its cooperation with municipalities, regional and local entities, and social organizations by supporting local situation analyses, planning and coordinating mechanisms for the implementation of child rights at the community level. In the municipality of Talcahuano, the first Bureau for Protection of Child Rights was established with UNICEF support as a pilot experience for the future institutional reform of the National Service for Minors. In Uruguay, UNICEF supported the creation of a national network of municipalities to empower communities and generate a social movement in favour of children's and women's rights.

43. Child labour has been introduced in the public agenda. In Argentina, UNICEF played a major advocacy role in the creation of the National Commission against Child Labour. With financial support from the Government of the Netherlands, UNICEF published the first-ever study of commercial sexual exploitation of children in Argentina, which has led to the formation of a commission comprising the National Council for Children, the National Council for Women, the Ministry of Justice and the Attorney General's office. In Chile, UNICEF provided technical support to the Ministry of Labour and the National Committee for the Eradication of Child Labour in the preparation of a national plan on child labour, and raised the issue for public debate through the mass media. UNICEF also provided technical support to the Ministry of Justice for an action plan to eradicate commercial sexual exploitation of children. In Uruguay, UNICEF sponsored a survey to obtain baseline data on the prevalence of child labour, raised the issue for public debate, and participated actively in the government/civil society committee to monitor and address the subject.

44. In the context of the national educational reform in Chile, UNICEF sponsored a series of high-level debates on such critical issues as drop outs, inequities in the educational financing system, discrimination, coverage and quality in early childhood care (ECC) and pre-primary education, and inclusion of children with disabilities. UNICEF publications on these themes were complemented by massive information campaigns on the right to education, and by studies on best practices in high-performing schools, co-published with the Ministry of Education. As a result, several of these issues became the subjects of specific government programmes. In pilot areas in Uruguay, UNICEF has promoted community participation and increased parental involvement as a basis for strengthening pre-school education, and has provided technical and financial support for the training of primary school teachers throughout the country.

45. In health, UNICEF Argentina supported surveys in Chaco and in greater Buenos Aires that revealed a high prevalence of anaemia in children and women. This led the provincial governments to revise their nutritional supplementation programmes and the national Government to introduce iron-fortified milk into its

food distribution programmes. The Baby-Friendly Hospital Initiative (BFHI) covers 35 hospitals (with nine newly-certified institutions in 2000 alone), and more than 15 per cent of all births now take place in a "baby-friendly" maternity. A UNICEF-piloted methodology for monitoring and analysing infant mortality as a basis for improving health care has been adopted by the Ministry of Health. In Chaco, a system of local programming has been promoted in which health centres take a proactive approach to maternal and child health, and parents are encouraged to take advantage of existing services. The results were the reduction of infant mortality rates from 26 to 22 per 1,000 live births over a five-year period. This system is now being considered for adoption at the national level. In Chile, in the context of the national health sector reform, UNICEF, the Pan American Health Organization (PAHO) and the United Nations Educational, Scientific and Cultural Organization (UNESCO) have supported the Ministry of Health in drawing attention to the need for integrated adolescent health care and for continued support to breastfeeding and BFHI. UNICEF also continued to advocate against violence against children, participating in government campaigns and in monitoring their impact. In cooperation with the Inter-American Development Bank (IDB), UNICEF conducted a study of innovative experiences in caring for child victims of violence. In Uruguay, UNICEF supported the National Breastfeeding Programme as the promotion of BFHI and supported some small, pioneering non-governmental initiatives on reproductive health education for adolescents.

46. UNICEF helped to build a knowledge base and disseminate information on children and their rights through statistical bulletins, information packages, publications and teaching materials. The promotion of rights progressed from generic discourse on the Convention on the Rights of the Child to more a focused communication strategy targeting country-specific aspects of obstacles to rights.

47. In Chile, the arrival of a new Government in 2000 raised the place of the child on the public agenda, culminating in the adoption of a series of policy decisions, most importantly the National Policy for Children and Adolescents and a National Action Plan 2001-2010. The latter, a joint effort by 22 public agencies, coordinated by the Ministry of Planning with support from UNICEF, represents an important step in translating the Convention into public policy. In Argentina and Uruguay, UNICEF made important achievements in integrating the child rights perspective in society in general and in social policies in particular, strengthening relations between government and social organizations focused on children. Several studies were instrumental to this effect.

48. As a consequence of efforts to redefine the role and presence of UNICEF in the three countries, the three country programmes started generating and consolidating area-wide efforts. The MTR approved this intercountry coordination and recommended its continuation, noting that coordination among the three offices through the Area Management Team had led to a sound and shared framework for UNICEF cooperation in the Southern Cone. This joint approach is seen in several intercountry activities. The *Monitoring of the Situation of Adolescents and Children* in the Countries of the Southern Cone (MOSAICOS) initiative is a tool for database construction and comparative analyses of topics of common interest, with the first phase focusing on adolescence. UNICEF has designed and sponsored an annual international course for judges, prosecutors and legal experts on juvenile justice, as well as study visits and workshops for parliamentarians to bring together decision makers with different backgrounds to share their knowledge and build networks. A

common initiative is being developed on the issue of adolescents and public security and another on local development. Common communication projects have been developed in cooperation with international news agencies, and publications are now coordinated area-wide.

49. Private sector fund-raising has become a corporate priority in the three Southern Cone offices. Argentina, with experience dating back 10 years, is the most successful; and Uruguay has seen some recent success in establishing corporate partnerships, while progress is incipient in Chile. Under the "Southern Cone Development Plan", the offices are establishing mechanisms to support such initiatives on an area-wide basis.

50. In Argentina, in spite of the recent economic difficulties, UNICEF has been successful in local fund-raising for local programmes as well as for overseas emergencies. Income from corporate and individual contributions exceeded $2.5 million in 2000. Increases in contributions from the business community and, more importantly, a broad base of small individual donors, reflect the importance that Argentine society attaches to children's issues and its confidence in UNICEF to defend and promote child rights. In Chile, market research indicates a potential for private sector fund-raising, but it may take some time to develop. Efforts in this area began in late 1998, with an initial focus on cultivating corporate partnerships. Uruguay, with average annual sales of 350,000 to 380,000 greeting cards over the past decade, is one of the largest per capita markets in the world for UNICEF cards. Building on the long-standing public image resulting from greeting card sales, UNICEF began systematically seeking private and corporate contributions in late 1998. Progress has been encouraging, particularly with the corporate sector.

Lessons learned from past cooperation

51. An important transversal component of past cooperation is related to programming for and with adolescents through, among other things, issues of secondary education, child labour, juvenile justice, and adolescent health and participation. This has required work on such sensitive issues as public security, adolescents and violence, and adolescents and the media, where the general social consensus behind classical child-related issues is not necessarily present. As a result, new technical skills and capacities to create alliances with a broader range of actors, including judges, prosecutors, police and political parties, were developed and will continue to be critical to the new country programmes.

52. Ongoing experience in the Southern Cone shows that harmonizing laws with the Convention on the Rights of the Child is a slow and complex process, not only because of the complex nature of these societies, but also because of its implications. Legal reform must go beyond adjusting texts to reforming institutions, creating new institutional capacities, redirecting existing budgets, and negotiating greater investment in universal social services for children and their families. While technical support is being provided to develop new legal texts, policy dialogue has to entail the demonstration of the effectiveness and efficiency of new approaches with technical partners, the Ministry of Finance and political stakeholders. UNICEF has gained experience and credibility in both spheres and should continue to feed into the process, which is far from complete.

53. It is clear that addressing the "supply side" of policy formulation and legal and institutional reform is not enough to ensure the full realization of rights. The municipal-level experiences in all three nations show that the demand from the local population has a positive impact on the offer of services. UNICEF work in education in Chile presents another example. The policy dialogue was effectively complemented by the building of parents' associations, which provided them with information on rights, and strengthening the services dealing with complaints. This dimension will have to be strengthened further in the future.

54. UNICEF has progressed in promoting new policies and sensitizing service providers on child rights in all three countries. Today, more people know about the existence of the Convention, but what implementing the Convention means to day-to-day life in schools, health services, the streets, the media as well as in relations between adults and children, is far less clearly understood. Building new types of capacities so that the Convention is implemented at the level of service delivery is becoming a pressing need. Future UNICEF cooperation will support the development of an in-depth understanding and implementation of the rights approach in the curricula of universities and in-service training packages of a diverse range of institutions.

55. UNICEF has learned that in order to play its role effectively in the policy dialogue in countries where media and social communications are very influential, it must develop a visible image. To involve relevant actors from various sectors and to be able to voice publicly concern over controversial child rights issues, UNICEF must be recognized for its technically sound, ethical and pioneering vision. Obtaining this visible profile has been possible through a modern and complex strategy for brand positioning and management. It is also a prerequisite for successful local fund-raising.

56. While service delivery projects are easy to publicize and attractive for fund-raising, a good communication programme that informs the public about the value of longer-term developmental approaches has also been effective in increasing the UNICEF donor base in the area.

57. Finally, UNICEF has demonstrated that programmes can succeed by integrating core staff spread over the three countries with national expertise widely available in study centres, private corporations, universities and the labour market. A similar operational conclusion was reached with the successful restructuring of the operations functions of the three offices into one processing centre serving all three. UNICEF has concluded that it can streamline its presence further. The future area-wide support structure for implementing the country programme and related communication and fund-raising strategies foresee further rationalization of a small number of core staff, combined with outsourcing locally available expertise.

Area programme strategy, 2002-2004

58. The new programmes of cooperation proposed for Argentina, Chile and Uruguay have two overarching goals: (a) to identify and address a set of specific social mechanisms that prevent children from exercising the full range of rights embodied in the Convention on the Rights of the Child; and (b) to build a critical mass of persons and institutions adhering to the principles of the Convention, ensuring that sustainable change permeates cultural, political and social structures.

59. UNICEF in the Southern Cone will pursue as specific goals: (a) making education a life-long tool for equal opportunity and social mobility; (b) eradicating child labour; (c) separating the management of juvenile penal infractions from the management of social problems; (d) empowering families as primary caretakers, protectors and educators of children, both in terms of knowledge and attitudes and of policies that ensure better conditions for them; (e) changing the perception of adolescents and of policies directed towards them; and (f) mobilizing social and government institutions to adopt a rights perspective. While overall and specific goals require a long-term perspective, the UNICEF response to and role in the evolution of child rights issues in the three countries must be flexible. Therefore, a three-year time-frame is proposed for the present period of cooperation. While not sufficient to achieve the long-term goals, it will permit measurable progress towards specific objectives in each country.

60. The majority of programming efforts will remain country-specific. While oriented towards the achievement of the common goals, the country programmes will have national objectives, strategies and lines of action. They are the result of analyses of the situation of children and women and of past programme experience. They also reflect national priorities and take into account the regional UNICEF strategy that combines work for policy reform with support to policy implementation at the local level and builds social demand for child rights. Each programme has benefited from the recommendations of the Committee on the Rights of the Child on the respective State party reports and the work surrounding the United Nations Special Session on Children.

61. However, some issues of common concern can be addressed in an intercountry fashion. Mainstreamed in the individual country programmes, these common or intercountry initiatives range from sharing of experiences to more coordinated administration of common programming approaches. These include continuation of the MOSAICOS initiative; expansion of the international course on juvenile justice as a broader, university-based, capacity-building initiative for child rights; continuation of recent initiatives on adolescence and public security, and on local development; study visits and network-building among local government and civil society organizations (CSOs); and continued collaboration with international news agencies. Upcoming opportunities for intercountry activities are in ECD, promotion of breastfeeding, and analysis and action on gender issues.

62. In each of the three countries, the United Nations country team, under the leadership of the resident coordinator, has prepared a Common Country Assessment (CCA). The CCAs have, in turn, fed into the preparation of the present country programme proposals. Because of the changing nature of United Nations cooperation and presence in the three countries, the respective country teams, in consultation with the United Nations Development Group, have determined that the preparation of United Nations Development Assistance Frameworks would not be appropriate. Rather, the country team members coordinate their work through active thematic groups (on HIV/AIDS, gender and communication) and regular consultations under the auspices of the resident coordinator system.

63. Achieving the programmatic goals will entail the following implementation strategies in each country: (a) lines of action will move towards the two overarching goals simultaneously; (b) cooperation with governmental and non-governmental institutions will take place at both central and local levels, and encourage social

empowerment; and (c) alliances with a variety of partners will be strengthened, with special efforts directed towards the media, the business community, and the legislative and judicial branches of Government in order to raise awareness of the situation of children and their rights, broaden the spectrum of child rights supporters, and increase public understanding and commitment to the local and global mission of UNICEF.

A. Argentina

Basic data[a] *(1999 unless otherwise stated)*	
Child population (millions, under 18 years)	12.2
U5MR (per 1,000 live births)	21
IMR (per 1,000 live births)	18
Underweight (% moderate and severe)	..
Maternal mortality ratio (per 100,000 live births)	41
Literacy (% male/female) (2000)	97/97
Primary school enrolment (% net, male/female) (1991)	96/96
Primary school children reaching grade 5 (%) (1997)	94
Use of improved drinking water sources (%)	..
Routine EPI vaccines financed by Government (%)	100
GNP per capita (US$)	7 550
One-year-olds fully immunized against:	
Tuberculosis	99 per cent
Diphtheria/pertussis/tetanus	88 per cent
Measles	99 per cent
Poliomyelitis	91 per cent
Pregnant women immunized against tetanus	.. per cent

[a] Excerpted from the publication "Progress since the World Summit for Children: A statistical review", prepared as a supplement to the Secretary-General's report "We the children: End-decade review of the follow-up to the World Summit for Children" (A/S-27/3), and therefore may differ from data contained in the text of this document.

Recommended programme cooperation, 2002-2004

	Estimated annual expenditure (In thousands of United States dollars)			
	2002	*2003*	*2004*	*Total*
Regular resources				
Promotion and protection of civil and social rights	500	200	-	700
Knowledge, communication and mobilization	100	100	-	200
Cross-sectoral costs	-	-	-	-
Subtotal	**600**	**300**	**-**	**900**
Other resources				
Promotion and protection of civil and social rights	1 280	1 515	1 700	4 495
Knowledge, communication and mobilization	800	850	950	2 600
Cross-sectoral costs	320	335	350	1 005
Subtotal	**2 400**	**2 700**	**3 000**	**8 100**
Total	**3 000**	**3 000**	**3 000**	**9 000**

Country programme preparation process

64. The proposed country programme was developed in collaboration with the Ministries of Social Development, Health, Labour and Education, as well as the National Council for Women and the National Council for Children and the Family, under the general coordination of the Ministry of Foreign Affairs. Consultations were held at the provincial level in Chaco, San Luis, Chubut and Misiones, and in the province and autonomous city of Buenos Aires on subnational programming. The Argentine Paediatrics Society has been most helpful on health and nutrition issues. Consultations on the programme proposal have been held with UNDP, PAHO/World Health Organization (WHO), the International Labour Organization (ILO) and UNESCO.

Country programme goals and objectives

65. In common with the area goals, the overall goals of UNICEF cooperation in Argentina are to: (a) resolve pivotal issues that bear on children's enjoyment of their rights; and (b) build a "critical mass" — a permanent public movement — in favour of child rights. These goals will be pursued through two programmes; the promotion and protection of civil and social rights; and knowledge, communication and mobilization for rights.

66. To resolve the pivotal issues, the country programme has the following objectives: (a) reform of national and provincial legislation to ensure coherence with the Convention on the Rights of the Child; (b) institutional and legislative reform in

selected areas to ensure a rights approach to social services for children and families; (c) reduction of under-five and maternal morbidity and mortality; (d) increased retention rates in the educational system through improved quality of education and policies to reduce child labour in the country; and (e) open opportunities for youth and adolescent participation in civic and social issues, and improve their access to knowledge on health and other issues of special concern to the age group, including HIV/AIDS prevention.

67. Objectives for building the "critical mass" in favour of rights include: (a) creating and spreading new information about children, adolescents, women and families; (b) broadening and deepening understanding of children's, adolescents' and women's rights through communication and advocacy campaigns; and (c) mobilizing social actors and resources to increase the demand for compliance with the two Conventions.

Relation to national and international priorities

68. The Government has recently launched a National Pact for Children, with the support of provincial authorities, non-governmental, civic and religious institutions and the United Nations system, especially UNICEF. The Pact provides the framework for the proposed country programme. In addition, the Ministry of Justice and the Attorney General's Office are committed to promoting legislative reform with respect to the Convention on the Rights of the Child, and the National Council for Children and the Family is making the promotion of family-oriented social services for children a priority. UNICEF supported the preparation of the Ministry of Health's national plan for the reduction of maternal and child mortality and will support its implementation. Access to quality education and the eradication of child labour are joint priorities of the Ministries of Labour and Education and are among the objectives of the Government's ongoing educational reform. It must also be noted that the Argentine people have a traditional sensitivity to children's problems, which must be nurtured, along with a growing media interest in child rights issues.

Programme strategy

69. The country programme will adopt four strategies: (a) knowledge generation and training to provide information about critical issues of child and adolescents rights; (b) advocacy to inform the political sectors, civil society, technical teams and media about the critical issues in order to place them on the social and political agenda; (c) technical assistance, especially at the local level, to transmit skills for the development of social policies, with the objective of finding sustainable social, technical and fiscal solutions; and (d) identifying lessons learned and ensuring their dissemination to speed the replication of successes and assist pilot programmes to go to scale. Given the federal system in Argentina, the country programme will continue to work at the provincial level to help replicate proven successes, and at provincial and municipal levels to test new approaches.

70. **Promotion and protection of civil and social rights**. This programme addresses the first of the main country programme goals through five projects. The legal reform and integral services for rights protection project will use technical assistance and advocacy to mobilize legislators, jurists and civil society in support

of national and provincial legislative reform to create rights-based legal frameworks for the integral protection of children and for juvenile justice in at least five additional provinces, and at the national level. Integral services for rights promotion requires a strong legal framework, as well as municipal and community social services, including specialized child rights protection entities, to reach and support families as the first protectors of children. Technical support will be provided for the replication of successful experiences from the provinces of Mendoza, Chubut and Buenos Aires, which focus on family empowerment and non-institutional care for children, in at least 20 municipalities of provinces where legal reform has been enacted.

71. The reduction of maternal and child mortality project depends largely on the improvement of health services, including prenatal care, and improved utilization by the public. To help meet the national goals for maternal mortality reduction, UNICEF will continue to provide technical support in improving local management of health care and in replicating the successful experiences of Chaco province. Financial support will be provided for training health care workers in selected areas. UNICEF will support the national programme for mortality reduction and its implementation in the five provinces with the worst child and maternal mortality indicators through mass communication and mobilization campaigns on basic health issues. This initiative will receive technical support at the national level from PAHO/WHO and will benefit from important infrastructure programmes financed by the World Bank and IDB.

72. The ECD and family empowerment project requires reaching parents and family as the primary environment of the young child. The project will address such nutritional issues as the promotion of breastfeeding by expanding BFHI to 30 more institutions and the reduction of anaemia rates through advocacy for mandatory fortification of wheat flour with iron and the training of health staff in at least 10 provinces on home nutrition practices for the prevention of anaemia. The project will also address family behavioural issues through the promotion of improved child-rearing practices, family relations and the prevention of intra-family violence, using community networks and educational campaigns.

73. The access to quality education and the eradication of child labour project links related issues. UNICEF will support national and provincial ministries of education in reforms to improve the quality of education through the evaluation of curricular changes and compensatory policies designed to keep poorer children in school. The reforms will also promote systems for increased community and parental responsibility in education through the direct participation of parents' associations in order to achieve higher retention rates for students, especially adolescents. UNICEF and ILO will provide technical support to the National Council on the Elimination of Child Labour (which includes the Ministries of Education and of Labour) on policy development, and will support an updated assessment and analysis of child labour in the country.

74. The project on the rights of adolescents will address their neglected rights, especially to participation. Based on studies to be undertaken on the exclusion of youth from decision-making processes on issues which affect them, UNICEF will support at least 10 municipal-level programmes for youth participation in their communities and schools. The studies will rely heavily on the opinions of young people, as will the design of the municipal-level activities. UNICEF will also

provide financial and technical support to national and provincial programmes on reproductive health for adolescents, with special emphasis on HIV/AIDS prevention.

75. **Knowledge, communication and mobilization**. This programme will help build the "critical mass" in favour of children in Argentine society through two projects. The generation of knowledge project aims to: broaden the scope of understanding through research; systematize and unify information on children's, adolescents' and women's issues; and develop constructive policy proposals based on the analyses. Activities will include the maintenance of a database on the situation of children and adolescents, in association with the MOSAICOS initiative; quantitative and qualitative research, in association with universities and other institutions; and formulation of policy proposals that respond to the findings. Research topics will include the effects of parental unemployment and environmental problems on children and adolescents.

76. The communication and social mobilization project will use mass media to generate a broader public understanding of children's rights and to promote public sector commitment to implementation of the Convention on the Rights of the Child. The project will draw on material developed in the knowledge project, the experiences of the promotion and protection of civil and social rights programme and other sources for the purposes of public education. In cooperation with university schools of journalism and communication enterprises, current and future journalists will be trained in interpreting and presenting the situation of children from a rights perspective. The annual fund-raising telethon will also continue as a vehicle to raise awareness of rights, and will be complemented by other campaigns with the support of the print and broadcast media. The programme will build on existing media alliances to encourage broader commitment of the corporate sector and other actors to children's issues.

77. **Cross-sectoral costs** will provide funding for programme-wide support staff not included in the support budget. From 2002, these costs will be covered by other resources. From 2004, all programme costs will be met by other resources, nearly all of which will depend on continued successful development of fund-raising within Argentina.

Collaboration with partners

78. Collaborating United Nations agencies in the new programme include PAHO/WHO, members of the AIDS thematic group and ILO on the eradication of child labour. Both agencies concentrate their technical support at the national level, while UNICEF also supports provincial- and municipal-level actions. IDB supports infrastructure programmes for health and education, including a stipend programme to help keep poor children in school. World Bank support to the Maternal and Infant Programme known as "PROMIN" (*Programa Materno-Infantil*), which was designed with UNICEF support, has made an important contribution to the health infrastructure required for the mortality reduction and ECC projects.

79. Cooperation with public universities in Buenos Aires, Cordoba, Mendoza, San Luis and Misiones will be critical for training and policy development on issues of legal and institutional reform. UNICEF will work with selected NGOs on health issues, particularly HIV/AIDS and breastfeeding. The most important funding partner will continue to be the Argentine public; nearly 10,000 individuals now

make monthly contributions of approximately $10 each. Telephone donations and credit card mailings are the main methods of contributing, and past experience indicates that the number of individual donors can be increased considerably in 2002-2004. This donor base is complemented by the corporate sector, where UNICEF has developed and maintained several important partnerships over the years.

B. Chile

Basic data[a] *(1999 unless otherwise stated)*	
Child population (millions, under 18 years)	5.1
U5MR (per 1,000 live births) (2000)	12
IMR (per 1,000 live births) (2000)	10
Underweight (% moderate and severe)	1
Maternal mortality ratio (per 100,000 live births) (1998)	20
Literacy (% male/female) (1997)	96/96
Primary school enrolment (% net, male/female) (1998)	90/89
Primary school children reaching grade 5 (%) (1995)	100
Use of improved drinking water sources (%) (2000)	93
Routine EPI vaccines financed by Government (%) (1998)	100
GNP per capita (US$)	4 630
One-year-olds fully immunized against:	
Tuberculosis	94 per cent
Diphtheria/pertussis/tetanus	94 per cent
Measles	96 per cent
Poliomyelitis	95 per cent
Pregnant women immunized against tetanus	.. per cent

[a] Excerpted from the publication "Progress since the World Summit for Children: A statistical review", prepared as a supplement to the Secretary-General's report "We the children: End-decade review of the follow-up to the World Summit for Children" (A/S-27/3), and therefore may differ from data contained in the text of this document.

Recommended programme cooperation, 2002-2004

	Estimated annual expenditure (In thousands of United States dollars)			
	2002	*2003*	*2004*	*Total*
Regular resources				
Making rights work	450	450	450	1 350
Communicating and mobilizing for rights	110	70	150	330
Cross-sectoral costs	40	80	-	120
Subtotal	**600**	**600**	**600**	**1 800**
Other resources				
Making rights work	300	300	300	900
Communicating and mobilizing for rights	270	270	270	810
Cross-sectoral costs	30	30	30	90
Subtotal	**600**	**600**	**600**	**1 800**
Total	**1 200**	**1 200**	**1 200**	**3 600**

Country programme preparation process

80. The 1999 MTR marked the beginning of intensive exchanges with national counterparts for defining the new programme of cooperation. Proposals were discussed with a wide range of partners under the leadership of the new Government, which took office in March 2000. A series of meetings were held involving UNICEF, the Ministries of External Relations and Planning, the Chilean Agency for International Cooperation, all the sectoral ministries, the main child rights-oriented NGOs and representatives of donor countries. United Nations agencies, which are active partners in several activities, were consulted at various stages of the process to define strategies and potential roles.

Country programme goals and objectives

81. The two overarching goals of the area strategy are the framework for the country programme. The first objective for the period 2002-2004 is to make progress in six areas identified as critical obstacles to the implementation of child and adolescent rights in Chile: legal and judicial issues; education, child labour; families and child care; adolescent participation and development; and child and adolescent health. This objective will be addressed by the "making rights work" programme, which aims to: (a) produce new analyses of the critical issues and maintain them on the public agenda; (b) generate and sustain processes of legal and institutional reform related to these critical issues; and (c) strengthen networks of public and non-governmental institutions that have incorporated the rights approach and are mobilized to transform their practices in at least five regions of the country.

82. The second objective is to make progress in building a critical mass of rights-oriented citizens and institutions. This goal will be addressed through the communicating and mobilizing for rights programme, which aims to: (a) strengthen the demand of rights holders and their families with respect to the critical issues which the country programme is addressing in five regions; and (b) provide the media with knowledge and the capacity for integrating the rights approach in their news delivery and programmes, for incorporating adolescent and child participation in media efforts, and for improving the quality of their programmes for children.

Relation to national and international priorities

83. The National Policy for Children and Adolescents and the NPA 2001-2010, which was promulgated by the Government in April 2001, are the framework for the country programme. UNICEF contributed to the development of the National Policy and the Plan, both of which were analysed in two workshops with government and social leaders in light of the draft outcome document of the General Assembly Special Session on Children. The workshops were also organized in cooperation with the resident coordinator system. The programme takes into consideration the observations of the Committee on the Rights of the Child concerning the establishment of a juvenile justice system, actions to stem violence against children and a mechanism for monitoring the situation of children's rights.

Programme strategy

84. While each of the two programme components has a specific thrust, the overall organization of the country programme is based on synergistic and coordinated action between the programmes, sectors, and national and local levels. Key programmatic strategies include knowledge generation and debate; advocacy and social mobilization to shape policies and laws; technical support to institutional reform and training; strengthening both demand and fulfilment of child rights in terms of legal protection, educational equity and eradication of child labour; and promoting the participation of adolescents.

85. **Making rights work**. The programme will be implemented through three projects. The project on knowledge generation and analysis will create a solid information base and sponsor relevant research on rights issues. It will be undertaken in collaboration with the national producers and users of information. New indicators, insights and documentation of innovative experiences and best practices linked to child rights will feed into policy-making, and provide tools for monitoring child rights and evaluation of initiatives. The project will analyse such issues as violence by and against children, adolescents' opinions on violence, discrimination in the education system, inclusion of children with special needs in regular schools, and gender issues in adolescent development and participation. The project will be linked with the MOSAICOS initiative and draw on the experience of ECLAC and UNDP.

86. The project on public policies at the national level aims to harmonize political, legal and institutional frameworks with the Convention on the Rights of the Child. Advocacy, technical assistance, training, research and study visits will support efforts to replace the obsolete protection system for minors with protection

mechanisms based on child rights which promote the removal of children from institutions, develop support policies for their families and provide technical input to legal reform. UNICEF will also continue to support the Ministry of Justice in juvenile justice reform, linking it to the Southern Cone initiative on adolescents and public security. Support to the policy dialogue on educational reform will focus on guaranteeing the equal right to education by removing discriminatory practices and norms; improving school management and increased parent participation; extending the coverage and improving the quality of ECD programmes; reducing drop-out rates; and improving the financing system. The capacity of the Ministry of Education's Offices for Educational Information to deal with complaints will be strengthened and monitored. UNESCO will be an important ally in promoting inclusive education. In cooperation with ILO, UNICEF will support implementation of the National Plan for Child Labour Eradication through promoting school retention and strengthening mechanisms to reinsert working children in the school system. UNICEF will support the institutions responsible for ECC (the Ministries of Health and Education and several NGOs) to develop training materials to strengthen family skills in child care, paying special attention to gender sensitivity. Lessons learned from grass-roots experiences with adolescent participation on AIDS prevention, among other issues, will feed into the development of a national policy for adolescents.

87. The project on local-level networking and capacity-building aims to strengthen the demand for effective rights and to transform local-level services, institutions and practices. This will include support for the creation of child rights protection bureaux in one fourth of the country's municipalities. In three regions, the project will contribute to strengthening municipal and regional parents' associations and to holding workshops with municipal education authorities to promote respect for rights throughout the school system. Experience gained about adolescent participation in the design of programmes and policies will be consolidated and expanded. Cooperation between adolescents and health services will develop a peer communication approach to combat the spread of HIV/AIDS. Support will be provided to NGOs to train community trainers to strengthen parents' child-care capacities, promoting non-violent behaviour and gender-sensitive relations. Through continuous collaboration with national authorities of the different ministries, these efforts will be linked to the public policy project to ensure that results feed into national policy formulation and can go to scale.

88. **Communicating and mobilizing for rights**. This programme will be implemented through two projects. In the dissemination of rights and mobilizing allies project, mass communication activities will promote public understanding of and seek to increase the level of government commitment to the Convention. Communication strategies will target the general public or specific groups in support of the "making rights work" programme. Presenting children's issues from a rights perspective, it will contribute to empowering individuals, groups and networks to demand the effective implementation of child rights. The movement created in the course of developing the National Policy and Plan of Action 2001-2010 for Children and in publicizing the outcome document of the Special Session on Children will be the basis for an alliance with counterparts, media, NGOs, the private sector and other actors to consolidate commitment at all levels, particularly in communities.

89. The media and knowledge centre project will take advantage of UNICEF communications skills to provide the media with relevant and timely information on

problems related to child rights, conveying a clear message on issues that affect children. This implies training communicators in the integration of a child rights approach in their work and improving adolescents' participation in the media. In line with the lessons learned, work with the media will increase the public's knowledge about the mission and achievements of UNICEF in Chile and globally in support of local fund-raising initiatives.

90. **Cross-sectoral costs** will provide support services to overall programme implementation. Regular resources will fund core activities related to analysing and understanding the critical issues affecting the rights of children and adolescents, and to policy, legal and institutional reform related to the six pivotal issues identified above. The scope and degree of local-level networking and capacity-building will depend on the success of fund-raising.

Collaboration with partners

91. Close collaboration with a wide range of allies and partners will be critical to ensure results. The programme will continue to collaborate with United Nations agencies, specifically ILO on child labour eradication, UNESCO on special needs education, PAHO/WHO on adolescent health, and ECLAC and UNDP on new child-related indicators. In addition, UNICEF will continue to participate in United Nations thematic groups on human rights, AIDS, gender and communication.

92. UNICEF will provide technical support to coordination between NGOs at the national level and will work with NGOs at local and the policy development levels, according to their specific interests. Partners include the National Association of Municipalities, the Teachers' Union, the National Foundation for Poverty Eradication, private sector groups and corporations, child rights NGOs, the movement of parliamentarians for child rights, the Chilean Association of Radio Broadcasters and universities. At the local level, UNICEF will provide technical support and inputs to the establishment and consolidation of local networks of public organizations and NGOs.

93. Given the transitional status of the UNICEF presence in Chile, locally-generated resources will be very important for the current country programme and for ensuring future UNICEF cooperation. The challenge will be to position UNICEF strongly in a local donor market that is potentially lucrative, but difficult to penetrate. As part of the Southern Cone Development Plan, a comprehensive local fund-raising strategy has been developed to increase product sales, obtain donations from the private sector and build a constituency of individual donors who will contribute regularly to UNICEF.

C. Uruguay

Basic data[a] *(1999 unless otherwise stated)*	
Child population (millions, under 18 years)	1.0
U5MR (per 1,000 live births) (2000)	17
IMR (per 1,000 live births) (2000)	15
Underweight (% moderate and severe) (1995)	5
Maternal mortality ratio (per 100,000 live births) (1998)	26
Literacy (% male/female) (2000)	97/98
Primary school enrolment (% net, male/female) (1996)	92/93
Primary school children reaching grade 5 (%) (1995)	98
Use of improved drinking water sources (%) (2000)	98
Routine EPI vaccines financed by Government (%)	100
GNP per capita (US$)	6 220
One-year-olds fully immunized against:	
Tuberculosis	99 per cent
Diphtheria/pertussis/tetanus	93 per cent
Measles	93 per cent
Poliomyelitis	93 per cent
Pregnant women immunized against tetanus	.. per cent

[a] Excerpted from the publication "Progress since the World Summit for Children: A statistical review", prepared as a supplement to the Secretary-General's report "We the children: End-decade review of the follow-up to the World Summit for Children" (A/S-27/3), and therefore may differ from data contained in the text of this document.

Recommended programme cooperation, 2002-2004

	Estimated annual expenditure (In thousands of United States dollars)			
	2002	*2003*	*2004*	*Total*
Regular resources				
Universal and equitable rights for children and adolescents	265	265	260	790
Empowerment for rights	255	249	248	752
Cross-sectoral costs	80	86	92	258
Subtotal	**600**	**600**	**600**	**-1 800**
Other resources				
Universal and equitable rights for children and adolescents	160	160	160	480
Empowerment for rights	160	160	160	480
Cross-sectoral costs	80	80	80	240
Subtotal	**400**	**400**	**400**	**1 200**
Total	**1 000**	**1 000**	**1 000**	**3 000**

Country programme preparation process

94. Discussions on objectives, strategies and actions were held with the Ministries of Health and of Labour, the National Council of Education, parliamentarians, the National Minors Institute, the Supreme Court of Justice and the National Congress of Mayors on the issues addressed in the country programme, including child labour, child health, education, the Children and Adolescents' Code and other legal reform initiatives. Numerous NGOs have been brought aboard as partners, especially around the theme of mobilizing for child rights. The overall programme strategy, as well as specific priority proposals, were the subject of consultations with other relevant United Nations agencies.

Country programme goals and objectives

95. As in the other countries, the long-term goal of the Uruguay country programme is to help overcome specific critical obstacles to children's and adolescents' enjoyment of their rights, and build a permanent movement in favour of children's rights in Uruguayan society.

96. The country programme consists of two programmes. The universal and equitable rights for children and adolescents programme aims to make progress in improving the effectiveness and efficiency of public policies, institutions and programmes so as to guarantee equal enjoyment of all rights enshrined in the two Conventions, especially those related to education, child labour, juvenile justice, adolescents as active actors of social development, and gender equity. The specific objectives of this programme are: (a) harmonization of the law with the Convention

on the Rights of the Child and significant progress in juvenile justice and child protection systems; (b) implementation of laws, policies and programmes which contribute to the reduction of the number of children in closed institutions and the establishment of mechanisms of integration in society, universal secondary and pre-school education (aged 0-3 years); the eradication of child labour through implementation of an NPA; and the creation of family environments favourable to the development of children and adolescents, and full recognition of the adolescents' potential and their access to specific social services; (c) qualitative and quantitative improvement of knowledge about the rights and the situation of children in Uruguay; and (d) progress in evaluating policies and programmes through the development of adequate instruments.

97. The empowerment for rights programme will assist in creating a national movement for the rights of children and adolescents that strengthens social demand and promotes citizens' solidarity and action. The specific objectives of this programme aim at: (a) ensuring significant progress in the implementation of a culture, and related action in public and private life, which recognizes children and adolescents as subjects of rights; (b) the creation and functioning of permanent mechanisms of child and adolescent participation in the education system and in out-of-school life; and (c) increasing civil action and mobilization to claim child rights, including through contributions to fund-raising campaigns.

Relation to national and international priorities

98. The programme priorities coincide with those of the Government and most child rights NGOs in such issues as education, child labour, legal reform and universal birth registration. The recommendations of the Committee on the Rights of the Child on these and other issues have been taken into account, as have the global and regional priorities of UNICEF expressed in the medium-term strategic plan and the global agenda for children, among others. The promotion of a national movement for children's and adolescents' rights is closely linked to the Global Movement for Children.

Programme strategy

99. The programme is designed to address the most important social disparities and cultural obstacles that have a negative effect on children's rights. National resources and external expertize and lessons identified through the area initiatives will permit technical support and training to be provided to strengthen capacities for elaborating, implementing and managing social policies for children. These will be complemented by massive dissemination and sensitization on the Convention on the Rights of the Child, and advocacy for legal and institutional reform. Knowledge generation and analysis will contribute to a better understanding of the situation of children and adolescents, which when communicated through social mobilization actions, will help to generate the "critical mass" of rights- oriented citizens. Subnational programming will amplify the impact of national policies and develop practical models for replication. Participation by adolescents and others will not only help the programmes to succeed, but will offer direct experience in realizing this right.

100. **Universal and equitable rights for children and adolescents.** This programme will be implemented through two projects. The first, on public policies in compliance with the two Conventions, will provide technical assistance and promote public debate, bringing together different sectors of society with the aim of obtaining approval by the Parliament of the new Code for Children and Adolescents, and of furthering subsequent institutional transformations in the juvenile justice and protection systems. While legal obstacles to universal birth registration will be solved through the approval of the Code, UNICEF will also support the development of mechanisms to overcome economic barriers and campaigns sensitizing parents to the importance of registration to help overcome cultural barriers. Universal access to quality education will be supported through reinsertion of secondary school drop-outs into the formal system, increasing pre-school coverage for three-year-olds, and including the topic of rights in curriculum reform at all levels. To promote gender and intergenerational equity and more democratic relationships within families, UNICEF will provide technical support to the National Institute for Family and Women and other women's rights organizations to develop and implement policies and programmes that respect the two Conventions. Similar activities will be developed with organizations working for and with adolescents. Child labour will be addressed through technical assistance to the Committee for the Eradication of Child Labour to design an NPA and promote concrete initiatives. With the Ministry of Health, strategies will be developed and strengthened to prevent the spread of HIV/AIDS among adolescents and to promote exclusive breastfeeding through the age of six months. The institutional capacities of subnational public partners will be strengthened to enable them to monitor and analyse local issues critical to child, adolescent and women's rights; develop integrated responses to the problems; document and share successful experiences; and improve coordination with the central level and build networks. UNICEF will cooperate with the *Intendencias* (provincial authorities) and local CSOs in creating local commissions responsible for the development of municipal child rights protection policies.

101. The knowledge generation and situation analysis project will support analyses of the impact and processes of policies and programmes based on children's and women's rights, and assist the Government and NGOs in the follow-up to global summits. Relevant information on the situation of children and adolescents, specifically the critical social mechanisms affecting their rights, will be gathered and disseminated to the public and decision makers in support of policy development. In cooperation with the Inter-American Institute for the Child, UNICEF will conduct a study to assess the number of children with disabilities. Data on child labour will be improved, and new studies will analyse the reasons children drop out of school. The expected result is the improved dissemination of evaluation practices related to policies and programmes for children and adolescents, and the establishment of spaces to reflect on and discuss children's rights and public policies.

102. **Empowerment for rights.** This programme will be implemented through two projects. The raising awareness project will promote broad understanding and practice of children's and adolescents' rights, focusing on such specific issues addressed as integrated health, child labour, quality education, gender equity, and child and adolescent participation. The project will intensify generic and targeted mass campaigns and sensitization activities in the print and broadcast media, producing and disseminating printed and audio-visual materials to the general public

and to specific audiences (adolescents, teachers, health workers, media, etc.). In addition, multiple training opportunities on the rights of the child, social policies and management of social programmes will be initiated for decision makers, social leaders, opinion makers, business persons and civil servants, particularly at the municipal level. More specifically, a training package will be developed for local governments and operational staff on child rights and guarantees, management of social programmes with a rights perspective and empowering families. In cooperation with the Central Board of Public Education, UNICEF will support the training of primary and high school teachers to address school drop-out and strategies for retaining children and improving student participation in school management. The project will promote a better understanding of and increased demand for the respect and protection of children's rights by parents, children, adolescents and citizens, and produce advocacy materials.

103. Through the participation and active citizenship project, UNICEF and the Central Board of Public Education will promote inclusion of child rights in school curricula, the creation of spaces and mechanisms in high schools for adolescents to practice civic and political rights, and the strengthening of parents' participation in local school boards. Extracurricular opportunities, including sports, cultural and social activities, will be developed and supported at the community level to promote the participation of children and adolescents. The project will support networks that promote child rights and the participation of adolescents, including private sector leaders and journalists specialized in children's and adolescents' issues.

104. **Cross-sectoral costs** will fund support staff not included in the administrative budget. The latter has been strengthened owing to the savings resulting from the restructuring in Argentina and Chile. Regular resources will fund core activities related to analysis, policy development and social mobilization, and the expansion at municipal and local levels will rely on other resources.

Collaboration with partners

105. Cooperation with United Nations agencies will draw on the established thematic groups for gender, communications, social policies and HIV/AIDS. Joint activities in data collection and analysis will be developed with the Inter-American Child Institute, universities, research centres and other important allies. Relevant partners in the programme for universal and equitable rights for children and adolescents will be the National Minors Institute, the National Institute for Family and Women, the National Administration of Public Education, the Ministry of Health, the Ministry of Labour and Social Security, the Parliament, the Supreme Court, the 19 municipalities and the *Congreso de Intendentes* (Council of Intendants). For the empowerment for rights programme, relevant partners will be the media, business people, CSOs and the three national networks of NGOs — the National Association of Development NGOs, *Red de Ong de Infancia* (a network of NGOs) and the Committee for the Rights of the Child — all of which promote the rights of the child and have mobilized around the Special Session on Children and the Global Movement for Children.

106. In Uruguay, locally generated resources will be very important for programme implementation and, ultimately, self-funding. The challenge will be to stimulate further growth in a relatively small market where UNICEF is a leader in product

sales and is very well perceived by the public. Contributions from private enterprise are one avenue of exploration.

Monitoring and evaluation

107. Monitoring and evaluation will be an area-wide priority and will focus on two sets of issues: the situation of children, adolescents and women; and UNICEF programmes and interventions themselves. The first will include consolidation of the MOSAICOS area-wide database on the situation of children and the systematic mix of statistical and analytical investigation in order to have a comparative view and pattern of change on demographic and social indicators of the three countries, with in-depth analysis of relevant themes affecting children throughout their life cycle. Public expenditure allocated to social services for children and investment in children will be monitored, and the use of a composite index, already developed and in use in Chile, on the basic conditions for child and adolescent development (education, health, housing and family income) will be promoted throughout the three countries.

108. Special efforts will be devoted to assess progress towards the five common pivotal issues that are addressed in each country programme. Indicators for the institutionalization of children will include the total numbers and causes of institutionalization. Education for equal opportunities and social mobility will be monitored through indicators — disaggregated by level of education, gender, public and private schools — on enrolment, repetition, drop out and learning achievement. Data collection, analysis and dissemination of indicators for the eradication of child labour will be reinforced. Empowerment of families for protection and promotion of children's rights deserve more qualitative indicators that will be collected through attitude sample surveys and focus group discussions, as well as income and characterization data available from existing national household surveys. Changing the perception of adolescents will be monitored by opinion polls and focus groups, while adolescent pregnancy rates and HIV/AIDS rates are normally available from the public health system.

109. Changes to the "critical mass" will require a more complex monitoring and evaluation model, defining indicators related to institutional and policy reform and to assess changes on the empowerment and behaviour of civil society. Developing such indicators and data collection will be a programmatic priority. In this context, the rights of children and adolescents to express themselves and to participate in decisions that affect them will be assessed through annual opinion polls. Periodic reviews will be conducted and successful examples documented to share best practices, strengthen partnerships and accelerate progress.

110. The second set of issues, monitoring and evaluating UNICEF programme cooperation, will consist of annual programme reviews with government and other partners; annual reviews of management and development plans; annual evaluations or studies of one the main programmatic thrusts; and the development of indicators for the unique portions of the country programmes. A linked MTR and strategy meeting may be held in 2003 in each country.

Programme management

111. Overall management oversight of the programme of cooperation in each country will be provided by the leading ministry responsible for UNICEF cooperation, in coordination with relevant sectoral ministries and national institutions. In Argentina, the Ministry of External Relations will oversee the management of the programme, ensuring the fulfilment of commitments assumed by other partners and maintaining close relations with participating national ministries and relevant ministries of concerned provincial governments. In Chile, the Ministry of Planning and Cooperation will be the main counterpart and will coordinate the sectoral ministries and relevant institutions within the framework of the National Policy for Children and Adolescents. In Uruguay, the Planning and Budget Office of the Presidency will ensure coordination, working closely with the Ministries of Labour and Health and the National Institute of Minors. The coordination of the country programmes implies, among other things, periodic and annual reviews to monitor progress in the implementation of the programmes that will include all stakeholders.

112. Management of the operational activities has been coordinated through a common Area Management Team (AMT) led by the area representative and including key staff from each country office. The AMT meets regularly and has stimulated improved programme planning and implementation, the development of common programme initiatives, the exchange of human resources and experiences, and the development of a common strategy for private sector development. Simultaneously, a common processing centre for operations began in January 2001, leading to significant office improvements and cost reductions. The availability of highly qualified technical professionals in all three countries also led to positive experiences in outsourcing, managed by core staff.

113. The programme and private sector development support structure for 2002-2004 is founded upon the combined management practices of the AMT, the processing centre and outsourcing. The core functions necessary to achieve the UNICEF mandate and goals as identified by the AMT are programmes, private sector development, communication, operations and information technology. The structure necessary to respond to these needs across the three countries has been designed to maintain the principle of streamlining UNICEF costs in the area as a whole. Rather than having a full team for each of these key fields in all three countries, area officers for communication, information technology and private sector development will be located in one of the three countries and support the other two offices through telecommunications and travel. The area information technology officer will be based in Argentina to ensure a close link with the operations function in the processing centre and the centralized database. The area communication officer will be in Uruguay, and the area private sector development officer will be in Chile, to work closely with the area representative. Area officers will be responsible for local planning, advising the heads of office in their area of expertise and overseeing the work of outsourced contractors in all three countries. They will ensure continuity, quality and the maintenance of UNICEF standards and accountability norms throughout the area; manage institutional contracts; build cohesion and unity of purpose; foster strategic integration; and guide the sharing and adaptation of lessons learned between countries.

114. The siting of key staff in different locations will have an additional positive impact. In balancing responsibility and involvement among the three countries, the integrity of three full offices will be maintained, as opposed to two smaller offices supported by an area "superstructure". Each country office will have at least as many UNICEF professionals as it does at present, and each will continue to manage fully its programme with government and other counterparts. In line with the positive lessons learned, many technical programmatic inputs other than programme coordination will be provided under contracts that draw on the extensive skills present in national labour markets, universities and other institutions. For the same reasons, and with the same goals as for information technology, private sector development and communication, the coordination and management of the area initiatives will also be spread among the three offices, under the overall guidance of the AMT. The MOSAICOS initiative will be coordinated from Santiago, the adolescents and violence initiative from Buenos Aires and the local-level development initiative from Montevideo.

TABLE

COUNTRY : ARGENTINA
PROGRAMME : 2002-2004

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
PROMOTION&PROTECTION OF CIVIL 1/	700,000		700,000	0	0	0	0	0	0	0	0	0	0	0	0	0
KNOWLEDGE, COMMUNICATION AND 2/	200,000		200,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL RR	900,000		900,000	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER RESOURCES :																
PROMOTION & PROTECTION OF CIVIL		4,495,000	4,495,000	0	0	0	0	0	0	0	0	0	0	0	0	0
KNOWLEDGE, COMUNICATION AND MOB		2,600,000	2,600,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS		1,005,000	1,005,000	0	0	0	0	1	1	2	0	2	4	756,293	242,397	998,690
TOTAL OR		8,100,000	8,100,000	0	0	0	0	1	1	2	0	2	4	756,293	242,397	998,690
TOTAL RR & OR	900,000	8,100,000	9,000,000	0	0	0	0	1	1	2	0	2	4	756,293	242,397	998,690
SUPPORT BUDGET	Operating costs		721,378													
	Staffing			0	0	0	1	0	0	1	1	4	6	580,990	989,774	1,570,764
GRAND TOTAL (RR + OR + SB)				0	0	0	1	1	1	3	1	6	10	1,337,283	1,232,171	2,569,454
	Number of posts and staff costs:															
	Current programme cycle									2	1	7	10			
	At the end of proposed programme cycle (indicative only)									3	1	6	10	1,337,283	1,232,171	2,569,454

RR = regular resources.
OR = other resources.
IP = International Professional.
NP = national Professional
GS = General Service
SB = support budget

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

1/ Promotion and protection of civil and social rights
2/ Knowledge, communication and mobilisation

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : CHILE
PROGRAMME : 2002-2004

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
MAKING RIGHTS WORK	1,350,000		1,350,000	0	0	0	0	0	0	0	0	0	0	0	0	0
COMMUNICATING AND MOBILISING 1/	330,000		330,000	0	0	0	0	0	0	0	0	0	0	0	86,138	86,138
CROSS-SECTORAL COSTS	120,000		120,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL RR	1,800,000		1,800,000	0	0	0	0	0	0	0	0	0	0	0	86,138	86,138
OTHER RESOURCES :																
MAKING RIGHTS WORK		980,000	980,000	0	0	0	0	0	0	0	0	0	0	0	0	0
COMMUNICATING AND MOBILISING FC		810,000	810,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS		90,000	90,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OR		1,800,000	1,800,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL RR & OR	1,800,000	1,800,000	3,600,000	0	0	0	0	0	0	0	0	0	0	0	86,138	86,138
SUPPORT BUDGET	Operating costs		682,120													
	Staffing			0	0	1	1	0	0	2	0	4	6	858,377	677,572	1,535,949
GRAND TOTAL (RR + OR + SB)				0	0	1	1	0	0	2	0	4	6	858,377	763,710	1,622,087
Number of posts and staff costs:																
Current programme cycle										2	2	4	8			
At the end of proposed programme cycle (indicative only)										2	0	4	6	858,377	763,710	1,622,087

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

1/ Communicating and mobilising for rights

TABLE

COUNTRY : URUGUAY
PROGRAMME : 2002-2006

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES																
UNIVERSAL & EQUIT. RIGHTS FOR 1/	790,080		790,000	0	0	0	0	0	0	0	0	0	0	0	0	0
EMPOWERMENT FOR RIGHTS	752,000		752,000	0	0	0	0	1	0	1	0	0	1	207,314	0	207,314
CROSS-SECTORAL COSTS	258,000		258,000	0	0	0	0	0	0	0	1	0	1	0	255,513	255,513
TOTAL RR	1,800,000		1,800,000	0	0	0	0	1	0	1	1	0	2	207,314	255,513	462,827
OTHER RESOURCES																
UNIVERSAL & EQUIT. RIGHTS FOR 1/		480,000	480,000	0	0	0	0	0	0	0	0	0	0	0	0	0
EMPOWERMENT FOR RIGHTS		480,000	480,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS		240,000	240,000	0	0	0	0	0	0	0	0	1	1	0	74,922	74,922
TOTAL OR		1,200,000	1,200,000	0	0	0	0	0	0	0	0	1	1	0	74,922	74,922
TOTAL RR & OR	1,800,000	1,200,000	3,000,000	0	0	0	0	1	0	1	1	1	3	207,314	330,435	537,749
SUPPORT BUDGET	Operating costs		359,820													
	Staffing			0	0	0	1	0	0	1	0	2	3	388,152	266,628	654,780
GRAND TOTAL (RR + OR + SB)				0	0	0	1	1	0	2	1	3	6	595,466	597,063	1,192,529
	Number of posts and staff costs:															
	Current programme cycle									1	0	2	3			
	At the end of proposed programme cycle (indicative only)									2	1	3	6	595,466	597,063	1,192,529

RR - regular resources
OR - other resources
IP - international Professional
NP - national Professional
GS - General Service
SB - support budget

a/ Each post, regardless of its funding source, supports the country programme as a whole
b/ Excludes temporary assistance and overtime

1/ Universal and equitable rights for children and adolescents

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Recommendation for funding from other resources without a recommendation for funding from regular resources**

Multi-country initiative on HIV/AIDS for eight countries of Central America and the Caribbean and the Eastern Caribbean

Summary

The present document contains a recommendation for funding from other resources for which no recommendation for funding from regular resources is requested for a multi-country initiative on HIV/AIDS for eight countries of Central America and the Caribbean, and the Eastern Caribbean. The programme proposal submitted here is aimed at expanding the UNICEF response to HIV/AIDS in those countries. The Executive Director *recommends* that the Executive Board approve funding from other resources in the amount of $15,805,000, subject to the availability of specific-purpose contributions, for the period 2002 to 2006.

* E/ICEF/2001/12.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2001 (E/ICEF/2001/P/L.73).

01-64326 (E) 291101

The situation of children and women

1. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), at the end of 2000, the Americas and Caribbean region represented 4.9 per cent (1.7 million) of the reported cases of AIDS in the world, with more than 80,000 deaths. In 1999, some 570 new HIV infections were occurring daily, and of those, about one third were among children and youth. Among the worst affected countries are eight in Central America and the Caribbean (Belize, the Dominican Republic, El Salvador, Guyana, Haiti, Honduras, Jamaica and Nicaragua), and the Eastern Caribbean islands (Antigua and Barbuda, Barbados, the British Virgin Islands, Dominica, Grenada, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Turks and Caicos Islands). An estimated 441,700 people are living with HIV/AIDS in these countries, of whom about 14,500 are children and over 67,000 are orphans. Nearly all the cases in children are due to mother-to-child transmission (MTCT). Adult prevalences range from 0.2 per cent (Nicaragua) to over 7 per cent (Haiti). The ratio of male:female cases is equalizing, and in some countries, AIDS is becoming the leading cause of death in young women. While infection rates are generally lower in rural than urban areas, HIV appears to be present throughout the countries.

2. As a subregion, the Caribbean is the second most affected area in the world after sub-Saharan Africa, with a prevalence of 2.3 per cent in December 1999. Guyana and Haiti have generalized epidemics, while other countries tend to have high prevalences in specific groups. In Central America, the epidemic is growing rapidly. Belize and Honduras have the highest rates of increase, and in absolute terms, Honduras has the highest number of cases in the subregion.

3. The preparation of the present multi-country initiative was preceded by a situation analysis of the manifestations of the HIV/AIDS epidemic in the region and its causes in order to plan UNICEF interventions on solid and realistic information. The findings show that the fulfilment of the rights of children and women at various points in the life cycle is being compromised by HIV/AIDS. Infants are being born HIV-infected or become infected in early infancy because their mothers do not have information about and access to services to prevent HIV or subsequently MTCT, or cannot make use of the knowledge because of the resistance of their partners to practise safer sex. Children are orphaned, deprived of adequate parental care, or have insufficient access to education and health services because parents may have died, be ill or be suffering from the general economic impact of AIDS. In the absence of caring family members, children may suffer from sexual exploitation or abuse. Even in intact families, youth and adolescents may have inadequate information to protect themselves from HIV because cultural norms mean that parents give little guidance in sexual health matters. Young women are more vulnerable because of "machismo" and the general level of violence in society, particularly against women, and inequality in economic, social and cultural power. Poverty drives some young women into commercial sex work. Displacement of population groups by economic factors, natural disasters and conflicts make the situation worse. The conspiracy of silence that reinforces stigma and discrimination continues, aided by a lack of political will to break it.

4. In nearly all of these countries, institutions have been set up to respond to the epidemic, and national strategic plans exist. However, national responses with an intersectoral focus are not yet consolidated. The Dominican Republic, Honduras and

Jamaica have made major advances, while Guyana and Haiti have experienced difficulties in confronting the situation. In all the countries, existing interventions do not correspond with the magnitude and pace of the problem. While information, education and communication (IEC) activities exist, they have yet to be fully developed. Life skills education (designed to prepare adolescents to deal with the health, vocational and personal relationship issues they will face as they mature) through the formal education systems have begun, but interventions such as peer education to out-of-school youth are still limited. In most cases, confidential and voluntary counselling and testing (VCT) services are just being initiated. The least developed areas are care and support for HIV-infected and affected children and their families. Only a few countries have developed programmes for the prevention of MTCT, and these are mostly in an initial phase.

Past programme cooperation

5. Until now, the participation of the regional and specific country offices in mitigating the effects of HIV/AIDS has been limited but growing, and will be fully reflected in the many countries developing programmes in this area. At the regional level, a multi-country initiative on communication funded by UNAIDS facilitated advocacy and social mobilization activities, including Artists Against AIDS in Jamaica; Voices of Children in Latin America and the Ibero-American survey, including a specific thematic study on the right to information on HIV/AIDS; and coordination with Scouts to involve youth leaders in HIV/AIDS prevention.

6. Within countries, UNICEF participates with United Nations agencies and other partners in the UNAIDS theme groups on HIV/AIDS, often taking the role of chair. Also with other agencies, it has been active in the development of HIV/AIDS national strategic plans and has supported the celebration of annual World AIDS Days. Specific activities have included: a project on developing an education strategy for young people, and financing training and social mobilization activities in El Salvador; support to non-governmental organizations (NGOs) in education and social mobilization activities and the functioning of the National AIDS Commission in Belize; the financing of sex education in schools, training of health workers and IEC activities related to MTCT in Guyana; the strengthening the technical capacity of the national AIDS programme, the mobilization of a national Caravan of Artists against AIDS, operations research, and financing NGOs in prevention and support to people living with HIV/AIDS in Haiti; a peer education strategy in schools and the production of sex education manuals for schools in Honduras; assistance for prevention and training in the Dominican Republic; and coordination of the Caribbean Community (CARICOM) Health and Family Life Education programme. In addition, UNICEF Honduras has taken responsibility for supporting the Latin American UNAIDS pilot project for the prevention of MTCT, and offices have supported similar projects in the Dominican Republic, Haiti and Jamaica. All of these activities have involved other partners, such as CARICOM, the Caribbean Epidemiology Centre (CAREC), UNAIDS and the Pan American Health Organization (PAHO). In most cases, UNICEF funding has been small, but has helped to catalyse action and programme design, and bring in relevant expertise.

Lessons learned from past cooperation

7. From these experiences, several lessons have been learned. IEC and mobilization activities have raised awareness about HIV/AIDS in the general population and among adolescents. However, much more can be done to focus that awareness to produce behavioural change. Preliminary assessments of peer education projects indicate that they have had a favourable impact, and life skills projects are generally seen as being very useful in helping adolescents to make positive life choices. However, to date, these types of interventions have reached limited numbers of the population. MTCT projects have opened up possibilities for providing follow-up care and support to HIV-positive women and their children, and have started a dialogue among policy makers on what that support should be. They have also facilitated discussion in communities around the issues of stigmatization and discrimination. Activities around AIDS in children and youth have raised awareness on what appropriate policies should be, for example, on orphans and support to families affected by HIV/AIDS.

8. Except in the multi-country initiative on communication, many of the country-level activities have been developed independently, with little opportunity to date to draw on experiences from other countries in the region (e.g. Brazil) or from countries in sub-Saharan Africa, Asia or Eastern Europe. The lessons learned in this region support the assumption that experiences from elsewhere would be relevant. UNICEF regional and country offices have yet to address cross-border problems, such as the possibility of transmission along truck routes, which has been seen to be important in the determination of HIV rates in Africa. At the same time, cooperation with other partners at different levels has been productive and needs to be expanded in order to better access expertise and refine and expand positive activities.

9. Actions at the country level have been somewhat limited because of a slow awakening to the magnitude of the problem in Central America and the Caribbean, and limited data on which to base action. As the situation has been clarified, the level of available UNICEF funding has become a major factor in determining country offices' responses to the epidemic. Offices have been cautious in not creating expectations vis-à-vis Governments that cannot be met without an increased allocation of resources.

Justification

10. As described above, the HIV/AIDS situation in the region is becoming a serious threat to the survival and development of children and adolescents. Failure to stop the spread of the disease will be devastating in and of itself, and will also hinder the attainment of sectoral objectives in health, nutrition, education and protection. UNICEF offices, in collaboration with government partners in the most-affected countries, are now prepared to focus on ways to become more actively involved in prevention, care and support. The plans are in line with the organizational priorities presented in the UNICEF medium-term strategic plan. Over the next five years, the countries will need a great deal of assistance to achieve their objectives.

11. This multi-country programme was prepared in the recognition that while individual country offices, in consultation with local partners, must determine the

specific strategies and activities appropriate to their situation, there is value added to having the regional office provide support in certain areas and to have a mechanism to accelerate inter-country planning. These areas include those where common problem areas can be addressed not individually, but collectively, for the sake of cost-efficiency and effectiveness, or where countries could implement more quickly and draw on broader expertise if regional models and support were available.

Recommended programme cooperation, 2002-2006

	Estimated annual expenditure (In thousands of United States dollars)					
	2002	*2003*	*2004*	*2005*	*2006*	*Total*
Other resources						
Belize	160	160	160	160	140	780
Dominican Republic	160	160	160	160	160	800
El Salvador	195	195	195	195	195	975
Guyana	200	200	200	200	200	1 000
Haiti	550	550	550	550	550	2 750
Honduras	250	250	250	250	250	1 250
Jamaica	400	400	400	400	400	2 000
Nicaragua	250	250	350	350	300	1 500
Eastern Caribbean	350	350	350	350	350	1 750
Subtotal, Country support	**2 515**	**2 515**	**2 615**	**2 615**	**2 545**	**12 805**
Regional component	550	650	650	550	600	3 000
Total	**3 065**	**3 165**	**3 265**	**3 165**	**3 145**	**15 805**

Programme preparation process

12. The definition of the respective roles of country and regional offices and the endorsement of a multi-country initiative rather than of purely country-level programmes emerged during the preparation process involving these offices. The process aimed at optimizing the consideration of human rights issues. Concerned offices participated in a planning workshop to ensure that they developed a common understanding, basic skills and a standardized outline for HIV/AIDS funding proposals. Most countries briefed national counterparts, and shared the results with theme groups. A UNICEF task force, chaired by a country office representative, oversaw elaboration of the multi-country initiative, in coordination with the regional office. Regional partners have been kept informed of its development.

Programme goals and objectives

13. The overall objective of this initiative is to enhance prevention efforts and reduce the impact of HIV/AIDS on children, adolescents and women in the countries covered by this proposal. Specifically, at the end of the next five years, it aims to:

ensure that at least 75 per cent of adolescents have basic knowledge for HIV/AIDS prevention; reduce the incidence of new infections in young people by 15 per cent; expand the availability of services to prevent MTCT to 50 per cent of pregnant women; and make available an appropriate level of care and support to children affected by HIV/AIDS in the areas of programme activities. These objectives are consistent with those set out in the UNICEF medium-term strategic plan and other relevant global documents, as well as those based on the countries' plans. Due to weaknesses in baseline information, they will be reviewed and possibly refined in the first year of the initiative. Country-specific objectives are set out below. Some countries have already agreed on numeric targets not detailed in the present document; they will be reviewed when activities commence.

Programme strategy

14. The proposed intervention has two components, both of which are critical for success: country proposals discussed with and endorsed by national counterparts; and a regional component aimed at enhancing country-level work. The overall strategy will be to strengthen capacity in country offices and among duty bearers at all levels to carry out HIV/AIDS-related activities; advocate and provide inputs for improved services; and establish policies, guidelines and participation for sustaining progress. The priority target populations are adolescents and youth, members of the generation in which prevention efforts aimed at behaviour change can have the most impact and be most effective. Other populations include orphans, infants vulnerable to MTCT and their mothers, and children in families affected by HIV/AIDS.

15. In seven of the countries included in this proposal, the planning for this initiative has taken place simultaneously with the development of the new country programmes for the period 2002-2006. The resources requested for the activities envisioned represent a significant increase of funds for HIV/AIDS for most country offices and, thus, have been taken into account in the programming process in terms of human resources and modifications in office structures to support them. HIV/AIDS has been integrated into intersectoral programmes in the process of this planning.

16. The country-level strategies to be used are based on common elements which have been adapted according to discussions with national authorities. The strategies include: strengthening the capacity of national AIDS programmes, NGOs, community-based organizations (CBOs), youth and family members to implement interventions to prevent HIV/AIDS; the training of health workers, peer counsellors, education personnel and others to provide youth-friendly services, counselling, improved care and support, and life skills education; advocacy and IEC aimed at policy makers, managers, communities and families; promoting the participation of youth in all aspects of planning that affect them; extending and concretizing alliances and partnerships; supporting the development of policies and guidelines related to the aspects of HIV important to children and women; and the selective provision of equipment and supplies relevant to providing services.

17. The purpose of the regional component is to enhance UNICEF capacity to support national programmes in response to the HIV/AIDS epidemic and, thus, achieve the overall objectives. The specific objectives include: ensuring technical excellence in all HIV/AIDS programming and implementation matters by country

offices; developing "model" guidelines and materials in communication, care and support and other relevant areas for adaptation by countries, as appropriate; establishing an electronic network for exchange of experiences; and providing a "hotline" on technical and newly-evolving issues. Regional strategies will involve strengthening capacity (including training) of UNICEF country offices as well as counterparts; ensuring that successful experiences and best practices are communicated rapidly within and between the specific countries, the region and other regions; coordinating activities between countries, especially where cross-border issues are involved; providing intensive technical support and assistance, especially in relatively new programme areas; supporting operational research and studies; and ensuring that activities are monitored, evaluated and disseminated to a broad audience. It will strengthen linkages and technical cooperation with international, bilateral and regional organizations involved in HIV/AIDS programming in the framework of the human rights approach. This initiative will be multidisciplinary, with the involvement of UNICEF regional advisers in health and nutrition, communication, education, child protection, monitoring and evaluation, as well as an additional adviser and national officer specifically for HIV/AIDS.

18. UNICEF will provide technical assistance as well as assistance in cash, equipment and supplies, according to activities identified in the project and specified in the annual plans developed with relevant government authorities and other partners. Governments and other partners will guarantee human resources, equipment and infrastructure through their participating organisms linked to the initiative, and will appoint technicians and officers who will act as responsible parties in its organization, administration and execution in the field.

Specific country components

A. Belize

19. The objective of Belize's efforts in the field of HIV/AIDS will be to assist the Government and communities to prevent infection among adolescents, especially young women; decrease MTCT; provide support to improve care, protection and access to basic social services for orphans; and break the conspiracy of silence. Strategies will include training, advocacy to increase political commitment, IEC and research. UNICEF will support building the capacity of the National AIDS Commission and regional governments to manage multisectoral activities for increasing effectiveness through training in project design and management, monitoring and evaluation. In selected districts, it will also strengthen the capacity of local duty bearers to implement HIV/AIDS programmes. It will support advocacy and IEC based on behaviour change approaches and VCT, and have a special activity for supporting young women in decision-making and leadership positions in this field. Partners will include UNAIDS, PAHO and the United States Agency for International Development (USAID).

B. Dominican Republic

20. The objectives of UNICEF Dominican Republic in this area include: to contribute to reducing MTCT by 50 per cent; to develop programmes of integrated

care for children infected and affected by HIV/AIDS in the zones with the highest incidence and prevalence; to decrease vulnerability in adolescents and young people; and to promote safe behaviour in sexually active adolescents and young people. Strategies include strengthening capacity and service delivery, and increasing access to youth services. UNICEF will help partners to make VCT available to pregnant women; provide nevirapine and infant feeding counselling and support to HIV-positive pregnant women and their children; develop a provincial network that offers support and follow-up to infected children and their family members; and establish an ongoing quality programme of education and integrated care, in the context of IEC activities aimed at adolescents and young people, and in coordination with relevant public and private institutions. Key partners will be UNAIDS, PAHO, the United Nations Population Fund (UNFPA), USAID, the Kellogg Foundation, Family Health International, German Technical Cooperation (GTZ) and the European Union.

C. El Salvador

21. UNICEF El Salvador will contribute to reducing the incidence of HIV/AIDS and improving the quality of life among children, adolescents, youth and pregnant women. Strategies include strengthening institutional response capabilities, involving relevant institutions and groups benefiting from the project; and sensitization for the reduction of stigma and discrimination. The programme will inform pregnant women about prevention and the consequences of MTCT, and provide appropriate preventive measures; increase the use of antenatal services; support the training of health staff on HIV/AIDS, and care and attention to infected and affected children; assist in a national sensitization and attitude change programme; promote the creation of self-help groups in health facilities for relatives of infected and affected children; develop and implement a communications strategy directed to out-of-school teens through strengthening and expanding existing adolescent networks; and support the training of education personnel and participants in "parenting schools" in catchment areas of public health facilities. UNICEF will work with the Ombudsperson's office, the Salvadoran Institute for the Protection of Minors and UNAIDS.

D. Guyana

22. The objectives of this initiative in Guyana are to prevent HIV infection in children and young people; and provide care and support for children, young people and families living with or made vulnerable by AIDS. It aims to reduce MTCT by 50 per cent in women participating in the programme; reduce infection rates in young persons by at least 25 per cent; increase access to services by 50 per cent for children and families living with HIV/AIDS in five regions; and ensure school enrolment and retention of orphans and children in HIV/AIDS-affected families. The main strategy will be to reinforce rights-based approaches in the prevention and care aspects of HIV/AIDS. UNICEF will work to achieve these objectives by assisting in the provision of effective treatment and care to HIV-infected women; ensuring the availability of VCT facilities; expanding IEC related to MTCT; helping NGOs establish support centres for HIV-positive women; establishing baseline data on access to information, care and support; increasing the access of adolescents and

youth to information, and establishing a resource centre; enhancing coverage of HIV/AIDS information in media and traditional communication channels; establishing youth-friendly services; increasing access to services for children and families; and establishing a system for systematic care and protection. Partners will include the United Nations Development Programme (UNDP), the United Nations Office for Drug Control and Crime Prevention (UNDCP), UNFPA, PAHO, CARICOM, CAREC, USAID, the Canadian International Development Agency, the European Union and the United States Centers for Disease Control and Prevention.

E. Haiti

23. The main objective of the UNICEF Haiti programme is to contribute to the national effort of reducing HIV infection rates among 15- to 24-year-olds by 25 per cent to help fulfil the right to life and development. The key strategies include advocacy, information and communication; participation; and capacity-building. Supported activities will ensure access to and the use of a minimum package of MTCT services for pregnant women; ensure access to and the use of health services for the prevention and control of sexually transmitted infections and HIV/AIDS among children, adolescents and young people; establish mechanisms for protection, counselling and psychosocial support for children affected or infected by HIV/AIDS; ensure the inclusion of HIV/AIDS prevention and psychosocial support to affected children in the programme of parental education; ensure the teaching of life skills adapted to the needs of children and adolescents in child-friendly schools and learning centres; provide appropriate information on HIV/AIDS to children, adolescents, young people and pregnant women; establish and ensure the regular updating of an HIV/AIDS database; and contribute to the process of consultation and action relating to the National Strategic Plan and to the implementation of a monitoring, evaluation and reporting plan. The wide range of partners includes PAHO, UNDP, UNFPA, the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Food Programme (WFP), UNAIDS and research institutes.

F. Honduras

24. The objectives of UNICEF Honduras are to contribute to: reducing the prevalence of HIV/AIDS in infants, children, adolescents and women of reproductive age in the municipalities with the highest prevalence; and reducing and mitigating the impact on children and adolescents infected or affected by HIV/AIDS, including orphans, in the same municipalities. The strategies include advocacy, communication and social mobilization; developing models and guidelines for service delivery; and capacity strengthening. Key activities to be supported include advocacy for the introduction of sexual education in the school curriculum; the preparation of training materials and the training of teachers, students and journalists; the development of an IEC strategy and materials; technical and logistical assistance for situation analysis, prevalence and impact studies; the training of health staff in the prevention of MTCT; the procurement and distribution of medical equipment and supplies; and support to VCT. Partners include the National Association of People Living with HIV/AIDS; PAHO; UNFPA; WFP; UNDP; UNAIDS; the World Bank; the International Development Bank; USAID;

Spanish, Swedish and German cooperation; the European Union; and Mitsubishi Corporation.

G. Jamaica

25. UNICEF Jamaica seeks to strengthen national capacities to prevent HIV infection and to care for those infected or affected by HIV/AIDS. Specific objectives are to: strengthen national capacities to increase the access of adolescents to information on HIV awareness and prevention, including the prevention of MTCT; and strengthen the capacities of families, communities and institutions to provide more effectively a caring and supportive environment for those affected by and living with HIV/AIDS. Strategies include developing an enabling policy environment, strengthening family and community capacities, and improving the quality of and access to service delivery. UNICEF-supported activities include: the training of national and parish AIDS committees in planning and coordination; carrying out operations research to define adolescent-friendly services; the training of key personnel in HIV awareness and communication; the development of materials; pilot activities around youth participation; evaluation of the existing MTCT programme and technical assistance to develop national guidelines and protocols; the provision of services and health supplies; IEC aimed at reducing stigma and discrimination; the development of policy and guidelines for management of children with HIV/AIDS; advocacy with policy makers for greater resources to strengthen service delivery; the training of health workers and caregivers; the development of appropriate responses to address the needs of orphans; strengthening the capacity of NGOs for community-level work; and monitoring and evaluation. Partners include PAHO, UNAIDS, USAID, UNICEF, UNESCO, UNDP, GTZ, the Government of the Netherlands, the University of the West Indies and the World Bank.

H. Nicaragua

26. The principle objectives in this initiative of UNICEF Nicaragua are to: support capacity-building among youth, health workers and municipal leaders; foster improved adolescent health and welfare; support life skills education for youth in selected municipalities; promote the participation of youth in needs identification and management of adolescent-friendly health services and welfare in their communities; promote IEC at the country level; promote better access of youth to adequate and appropriate health services at the community level; enhance social cohesion at the community level; and strengthen partnerships among all organizations and institutions working towards improved adolescent health and welfare. Strategies involve participation, capacity strengthening and improving service delivery. To achieve these objectives, UNICEF will support an inventory of all activities related to adolescent health; the development of a tool for assessing the adolescent health situation and participatory assessment; the development of a training package focused on improving of adolescent health services; the establishment of adolescent-friendly health services; the training youth facilitators and other key community members in life skills education; the establishment of participatory youth-managed schemes for adolescent health services; and

strengthening capacity for the management of participatory schemes at local health services and municipal levels. Partners include UNAIDS and UNFPA.

I. Eastern Caribbean

27. The main objective for UNICEF in the Caribbean is to contribute towards a 25 per cent reduction in HIV/AIDS transmission by empowering youth and pregnant women, and helping to promote their human rights. Strategies include: promoting a conducive environment for youth organization and participation; and protecting and promoting human rights. Specific objectives include: expanding and strengthening existing health and family life education activities with HIV/AIDS content in the curriculum; promoting the rights of young people to a healthy life, free of violence, abuse and inequities; empowering youth organizations and helping to strengthen their capacity to network and participate in the prevention of HIV/AIDS; increasing the availability and quality of information relating to HIV/AIDS; improving HIV-related counselling capacity and services of CBOs for youth; and strengthening the capacity of health staff to counsel HIV-positive mothers on infant feeding. Examples of activities to be assisted include: training teachers on life skills; curriculum reform to strengthen HIV/AIDS content; youth organization meetings, training and support to youth clubs; developing national youth policies; training media personnel; developing messages and producing communication materials; and training youth peer counsellors and counsellors on infant feeding. Partners include CARICOM, PAHO, UNDCP, UNDP and the University of the West Indies.

J. Regional component

28. In line with the objectives and strategies set out above, the region will carry out various activities to enhance the ability of country offices to implement quality programmes. One of the key areas will be communication, building on the lessons learned through the existing multi-country initiative on communication. A comprehensive HIV/AIDS communication strategy framework for the region that countries can adapt as appropriate will be developed. In addition to covering advocacy issues, this activity will involve the training of key personnel in community-based communication concepts and methodologies in order to improve the provision of accurate and timely motivational information which is culturally acceptable, while at the same time ensuring that community knowledge and good practices are tapped and fed back into communication activities. Such a strategy should create a supportive environment for behavioural change. It will involve working with a wide variety of institutions, and drawing on external expertise.

29. To facilitate capacity strengthening and exchange of experiences, two regional network and subregional meetings will be held each year on particular programme themes. Other partners, such as CAREC and PAHO, will be called on to lend their expertise at these events. A round-table discussion for key decision makers will be held in the first year. Funds are required for supplying expertise at these and other events, and for developing new methodologies from multiple country experiences. There will be a systematic classification and dissemination of the best programming practices through the development of a regional electronic network on HIV/AIDS. Considerable information is available and should be disseminated more widely, while not duplicating services provided by UNICEF headquarters or other agencies.

Where countries can be identified as having pioneered particularly good approaches in specific HIV/AIDS programme areas, exchange visits will be arranged in a systematic way.

30. Additional expertise from both within the region and elsewhere is required in the areas covered in this programme since the prevention of MTCT is a new field, with emerging knowledge, and opportunities for the care of children and family members infected by HIV are expanding. A "hotline" to a centre of excellence, such as a university or research institute, to support countries in new technical areas will be established. UNICEF will also support operations research, through grants to country offices and consultancy services, to develop models of service delivery, facilitate exchanges of information and experience on youth-friendly services, and provide technical expertise on the training of service providers.

31. Monitoring and evaluation plans described below will have a regional element in indicators development, database management and evaluation. There is also a role for a regional approach to the development of national policies and legislation to support effective programming through regional institutions and forums in conjunction with UNAIDS, UNFPA, PAHO and the World Bank. In support of the UNAIDS effort, UNICEF can help to influence national, regional and international policy, especially for children, adolescents and women.

Monitoring and evaluation

32. A database will be established at the regional level to identify and monitor the scope of activities related to HIV/AIDS being undertaken by countries and baseline values for the key indicators. The situation analysis carried out in the preparation of this multi-country initiative will provide the bulk of data required. UNAIDS guidelines for indicators will be adapted and utilized. Regional staff will participate in annual project reviews and specific evaluation activities, as appropriate.

33. At the country level, the project will be subject to annual monitoring in the context of the review process established between the Government and UNICEF, as well as to mid-term and final reviews. Donors will be invited to participate in these formal reviews as well as to monitor progress through field visits. Regular reports will be sent to donors on physical and financial implementation. The UNICEF programme team and its government and NGO counterparts will visit project sites on a regular basis. Specific surveys and studies will be conducted as needed.

34. Following guidelines from UNAIDS, each country has identified a set of indicators appropriate to its particular project. These indicators will be further refined and harmonized with regional efforts.

Collaboration with partners

35. UNICEF will work with a wide variety of partners globally, regionally and in countries in order to achieve the work described. At the regional level, coordination will be through existing linkages with the regional offices of PAHO, UNAIDS and others. At the country level, UNICEF coordinates its activities on HIV/AIDS with other United Nations agencies and the most important donors through UNAIDS as well as bilaterally. United Nations agencies usually have specific roles in HIV/AIDS

activities; for example, PAHO often supports the strengthening of the surveillance system and care for people living with HIV/AIDS. Key counterparts at the country level include relevant ministries; national institutes related to research and advocacy for children; professional associations; associations of people living with HIV/AIDS; local governments; human rights groups; international, national and local NGOs and CBOs; and the private sector. The initiatives described in the present proposal will be implemented by such counterparts, with relevant technical and administrative support from UNICEF. Through partnership- and alliance-building, UNICEF will advocate for the regular use of the rights-based approach to programming in HIV/AIDS in order to place the needs of children and families affected by the epidemic high on national and donor agendas. Improved coordination mechanisms should lead to a reduction of duplication, improved monitoring and evaluation, and maximized use of available resources. This programme will benefit from the regional partnerships forged through the development of this initiative, and the resultant sharing and collaboration that will be engendered. New partnerships will be sought continuously with other civil society partners as opportunities emerge.

Programme management

36. This initiative will be managed by a regional advisory committee comprised of the regional adviser and national officer for HIV/AIDS, the regional adviser on health and nutrition and other key advisers, and representatives from the countries. Its general duties will include monitoring the project; reviewing project design, planning and training; and ensuring quality control of donor reports. In the event of incomplete funding, the advisory committee will allocate available resources according to criteria to be established. The advisory committee will meet twice a year at regional management team meetings.

37. Implementation will take place at the country level, where project plans of action will be drafted and finalized, as per normal procedures, with the inputs of major partners, such as the National HIV/STD Control Programme and the United Nations theme group.

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Recommendation for funding from other resources without a recommendation for funding from regular resources**

Micronutrient programme for the Andean subregion and Paraguay

Summary

The present document contains a recommendation for funding from other resources for which no recommendation for funding from regular resources is requested for the multi-country micronutrient programme of Bolivia, Colombia, Ecuador, Paraguay, Peru and Venezuela. The programme proposal submitted here is aimed at expanding or complementing an ongoing programme. The Executive Director *recommends* that the Executive Board approve funding from other resources in the amount of $4,000,000, subject to the availability of specific-purpose contributions, for the period 2002 to 2006.

* E/ICEF/2001/12.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2001 (E/ICEF/2001/P/L.73).

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The situation of children and women

1. According to the Pan American Health Organization/World Health Organization (PAHO/WHO), micronutrient deficiencies affect approximately 40 per cent of the total population of the Latin American region, including 30 million people with iodine deficiency and 95 million with iron deficiency. By 2000, all five Andean countries (Bolivia, Colombia, Ecuador, Peru and Venezuela) had achieved the World Summit for Children goal of virtually eliminating iodine deficiency disorders (IDD) as a public health problem. Maintaining quality assurance of iodized salt production and use, and sustaining IDD elimination, require continuous and careful monitoring and control of the processes, as IDD incidence can easily increase if the system becomes lax and effective monitoring is reduced. This is seen in the case of Bolivia, where iodization level of salt decreased from 90 per cent in 1996 to 33 per cent in 1998, with a partial recovery to 66 per cent in 2001.

2. In Paraguay, IDD are an endemic problem. Due to the absence of any domestic sources of salt, Paraguay imports 100 per cent of its salt needs from Argentina, Brazil and Chile. However, as it is imported in the form of raw salt, the levels of iodization of the salt are not sufficient to reach the level needed in the country. In 1988, a national survey showed that 48.6 per cent of the population presented at least one disorder caused by iodine deficiency. In 1994, the Government of Paraguay mandated that all salt for human and animal consumption must be iodized. Despite the complexity of monitoring a complicated import and retailing sales chain, iodized salt consumption increased from 65 per cent in 1995 to 82.6 per cent in 2000. A Presidential Declaration established 2001 as the year to achieve the virtual elimination of IDD.

3. According to the national statistics presented by the five Andean countries at the 2000 annual programme review, anaemia affects between 40-60 per cent of pregnant women, and up to 70 per cent of children under two years old. Iron deficiency control has not improved much in the last five years in the Andean subregion and Paraguay. National statistics show anaemia prevalence of 75.8 per cent among children 6 to 11 months old in Bolivia (1998), 36.7 per cent in children aged 12 to 23 months in Colombia (1995), 65 per cent in Ecuador (1997), 78.6 per cent in Peru (1996) and 52 per cent among children 6 to 36 months old in Venezuela (1997). Among pregnant women, 60 per cent showed deficiencies in iron in Ecuador in 1997, 33.7 per cent in Paraguay in 1994 and 40.9 per cent in Venezuela in 1997. Iron deficiency control is more complicated than IDD control due to the dispersal of the problem throughout the entire population versus the geographic concentrations of IDD, as well as insufficient surveillance methods for identifying and localizing the problem. Legislation on food fortification with iron has not yet been approved in any of the five countries in the Andean subregion.

4. With standards of vitamin A deficiency of less than 10 per cent as low and between 10 to 20 per cent as moderate, the levels in the Andean subregion are not high. Perhaps due to the easy access and abundant availability of food enriched with vitamin A, the situation of vitamin A deficiency in Bolivia, Colombia and Ecuador is only low to moderate among children under three years old. According to the Ministry of Public Health in Bolivia, the prevalence of vitamin A deficiency among children 12-71 months old was 11.3 per cent in 1991; while it was 14.8 per cent among infants 12-23 months old in Colombia in 1996 and 17.4 per cent among the same age group in Ecuador in 1995. In Peru, the figure is the worst among the five

countries, showing vitamin A deficiency levels of 37 per cent among children under five years old.

5. The national Governments of all six countries are committed to continue the subregional micronutrient programme, enabling them to sustain the achievement of the World Summit for Children goal to eliminate IDD. The commitments shown by the Andean subregion and Paraguayan Governments on the importance of micronutrient interventions should be supported, especially now that the countries are beginning to show positive results in controlling iron and vitamin A deficiency. It is fundamental to continue the micronutrient programme in the six countries, considering the damaging effects on the mental and intellectual development, and healthy physical growth of children who face such deficiencies.

6. The current economic crisis in some of the countries could affect the efforts and political commitment made by the Governments to achieve the goal of eliminating iron and vitamin A deficiencies, as the programme is still not self-sustained. All of the countries have a legal framework that supports the elimination of IDD, and iron and vitamin A deficiencies, but financial needs in almost all the countries have yet to be addressed. An extension of the micronutrient programme is required in order to consolidate its four components, placing greater emphasis on quality assurance of the processes and required coverage.

Programme cooperation, 1995-2001

7. The previous multi-country micronutrient programme for the five Andean countries was initiated with funding provided by the Government of Belgium. The programme addressed the problems of iodine, iron and vitamin A deficiencies. Paraguay joined the programme in 1997.

8. During this period of cooperation, the programme advocated with the salt industry to obtain their commitments to universal salt iodization (USI) in the five countries, and provided advice on iodization technology and the training of health professionals and salt industry personnel on the benefits of iodized salt consumption. The continuous participation of salt industries in the annual progress review meetings and their commitment to the programme were recognized by the external evaluations that took place during 1996-1999 to certify IDD control in the five Andean countries. At the "Salt 1999" meeting held in Colombia at the end of 1999, all five Governments and salt industries participating in the meeting committed themselves to this goal and to develop a sustainability plan to eliminate IDD.

9. The programme supported the epidemiological surveillance of IDD, especially in relation to standardizing methods and materials used in the control laboratories. As quality assurance is a key element to a successful IDD elimination programme, special emphasis was placed on the process of inter-laboratory testing of iodine presence in salt and urine, serving as control for assuring the quality of the products and reported information. Through the annual subregional laboratories meetings, a laboratory network of the subregion was established, which is now composed of 69 laboratories from the five countries and Paraguay. The network now serves as a reference centre for technical assistance and information exchange among the laboratories.

10. Information, education and communication (IEC) activities promoting demand creation for and production of iodized salt, as well as sustained political commitment to the elimination of IDD and other micronutrient deficiencies, played a key role in this endeavour. IEC efforts focused principally on high-risk mountain zones in the five countries. Mass communication, basically radio and television, was used, together with interpersonal promotion efforts, by the health sector personnel. The educational and developmental communication activities supported the increase in the level of consumption of iodized salt in the population of all five countries through the promotion of the catch phrase: "*Sal yodada, la sal de la vida*" ("Iodized Salt, Salt for Life").

11. In Paraguay, the programme focused its efforts to guarantee the accessibility of adequately iodized salt in high-risk rural high altitude zones. IEC efforts disseminated knowledge of the importance of consuming iodized salt in those areas, as well as to areas with a heavy consumption of raw salt such as San Pedro, where little commitment is shown to overcoming iodine deficiency.

12. As mentioned earlier, the five countries of the subregion have reached the World Summit for Children goal of the virtual elimination of IDD. Credit for this progress goes to the supporting efforts of national Governments, salt producers and UNICEF through the multi-country subregional micronutrient programme, PAHO/WHO, Kiwanis International, the Micronutrient Initiative of Canada and donor Governments. Bolivia was the first country to be certified as having virtually eliminated IDD as a public health problem in 1996. Colombia and Peru followed in 1998, and Ecuador and Venezuela in 1999. The production of iodized salt for human consumption in Ecuador rose from 90 to 95 per cent between 1990 and 2000, and from 35 to 95 per cent in Peru between 1992 and 1999. In 1999, 73.9 per cent of salt produced in Colombia was iodized, and in Venezuela, 90 per cent. The accessibility of iodized salt in Paraguayan stores rose from 43 per cent in 1995 to 85 per cent in 2000. The consumption of iodized salt in Peru rose from 61 per cent in 1994 to 96 per cent in 1999, while in Paraguay, the figure rose from 65 per cent in 1995 to 82.6 per cent in 1999. In Venezuela, the consumption of iodized salt stood at 94 per cent in 1999, and at 78.3 per cent in Colombia in 2000. The elimination of IDD as a public health problem was extremely cost-effective since studies show the Andean region per capita salt iodization cost is between $0.02 and $0.08 per year.

13. Although the problem is still serious, the countries made significant progress to address iron deficiency. All five Andean countries and Paraguay now fortify wheat flour with iron, owing to advocacy and technical support provided by the programme. In addition, Venezuela also fortifies the corn flour largely consumed in the country. The five countries have a legal framework that supports the fortification process and defines the processing procedures and quantity of iron to be added. In addition, health ministry personnel were trained in monitoring the quality control of wheat flour. Special IEC activities to promote the importance of consuming food rich with micronutrients were undertaken, and important mass media support for free broadcasting of micronutrient messages was obtained.

14. In a complementary strategy, iron supplements were provided to pregnant women and young children in the rural and marginalized urban zones in the five countries and Paraguay. Alliances were created with local non-governmental organizations (NGOs) and church groups to raise supplementation coverage by distributing iron supplements utilizing their health networks and distribution

systems and by disseminating important information on micronutrient deficiencies and how to overcome them. However, the high cost of supplementation and problems in the distribution system resulted in low coverage. There was also cultural resistance, with iron tablets seen as "medicine" that could create harm and cause unborn infants to gain weight. This issue is being addressed through IEC activities, raising awareness of the benefits of iron consumption and the negative impact on the health status of the population, especially women and children.

15. In the vitamin A deficiency control component, vitamin A supplements were distributed at health centres through routine immunization sessions in Ecuador, Peru and Venezuela. In Bolivia, supplementation was covered by the basic health insurance system, which facilitated widespread access to vitamin A supplements for women and children in need. Supplementation activities were accompanied by radio promotion and the distribution of pamphlets, and significant progress was made. Bolivia increased its supplementation coverage from 35 to 52 per cent among all pregnant women, and from 35 to 66 per cent between 1996 and 1999 in children from six months to five years olds. Colombia did not provide vitamin A supplementation since they decreed to fortify sugar with vitamin A in 1998. However, the law was not accepted by the sugar industry and was revoked in 2000. Ecuador's vitamin A supplementation coverage increased from 60 to 93.8 per cent in children from 12 to 36 months old among the 530 extremely poor, rural and marginalized urban communities in the country. The situation of vitamin A deficiency in Venezuela is unclear, and studies have been initiated to measure the magnitude of the problem and identify target areas.

16. The more general fortification strategy had less success. Although Bolivia fortified oil and Venezuela corn flour with vitamin A, sugar fortification was not realized due to high costs in the fortification process that led to rejection by the sugar industry. This occurred despite intense advocacy efforts to obtain sugar industry support. A related reason was also the weakness of the IEC component in promoting the consumption of vitamin A-rich foods. This issue will be addressed in the proposed programme.

Lessons learned from past cooperation

17. Several positive lessons were learned during the programme cycle. At the managerial level, the programme proved that the four components could be developed simultaneously in one process. Supplementation for high-risk groups, food fortification, epidemiological surveillance and IEC actions were implemented together due to strong political commitment. The subregional coordination of the programme was successful despite the inherent difficulties in working across national boundaries. Through this subregional coordination, experiences and technical assistance were shared at annual review meetings, which proved useful for all countries involved; donor contacts and resource mobilization were unified from one channel; and quality control of salt iodization was standardized in each country's laboratories. Due to the strong government interest and commitment to achieve the World Summit goal of eliminating IDD, it was possible to build alliances with other key partners in this endeavour, and also in supporting the elimination of other micronutrients deficiencies. These key allies included: private salt and wheat producers; national and local governments; local NGOs; the education sector; the mass media; international agencies; and NGOs. At a technical

level, the food fortification strategy was validated. It is cost-effective, while guaranteeing mass consumption if the correct commodities are fortified. Fortification must be linked to a monitoring plan from the initial stage for quality control and to permit effective adjustments.

18. Some negative lessons also surfaced. A multi-country programme will advance unevenly when institutional weaknesses and political instability lead to the discontinuous provision by Governments of needed human and financial resources. Programmatically and managerially, programme monitoring and evaluation are difficult to carry out when there are inconsistencies in data and insufficient updating of vitamin A and iron deficiency indicators, such as the level of micronutrient deficiencies; the consumption quantity per capita of food to be fortified; and the level of bio-availability of the micronutrient in the diet. The first step to be made in the next cooperation programme is to conduct research to update data to define measurable objectives. The fortification strategy, while successful, is complex and must be carefully managed to balance concerns of a technical, cost and social acceptability nature. The micronutrient to be used must be compatible with the food so as not to influence its smell, taste and appearance. Cost issues, as shown by the sugar industry, can lead to producer rejection even when technical feasibility and social acceptance exist. Iron presents a different problem. Since there is not one food source whose fortification can reach the mass consumption level needed, alternative foods must be identified. Supplementation as a substitute or complement to fortification was also difficult at times, as in the case of iron, owing to cost and cultural resistance.

Recommended programme cooperation, 2002-2006

	Estimated annual expenditure (In thousands of United States dollars)					
	2002	*2003*	*2004*	*2005*	*2006*	*Total*
Other resources						
Food fortification	70	70	70	70	70	350
Supplementation	100	130	170	155	145	700
Information, education and communication	150	200	150	150	150	800
Epidemiological surveillance	320	300	270	250	250	1 390
Regional coordination	155	155	150	150	150	760
Total	795	855	810	775	765	4 000

Programme goal and objectives

19. The goal of the multi-country micronutrient programme is to contribute to the efforts of the Governments of the five Andean countries and Paraguay to prevent "hidden" malnutrition in children and women due to iodine, iron and vitamin A deficiencies. Within this framework, the programme aims in particular to control and sustain the elimination of IDD; to prevent and reduce iron deficiency anaemia

among young children and women; and to eliminate vitamin A deficiency in children in extremely poor rural and urban areas in these countries.

20. In pursuance of this goal, the subregional programme aims to contribute to: (a) the consolidation and sustainability of all salt iodization processes in the six countries so that all salt producers are producing salt in accordance with standards, iodized salt is consumed at all household levels and Paraguay achieves the elimination of IDD; (b) iron supplementation to at least 80 per cent of all pregnant women and 80 per cent of infants in each country, and expansion of vitamin A supplementation coverage to at least 80 per cent of children under three years of age in high-risk areas identified in each country; (c) reaching the public-at-large with messages on micronutrients deficiencies as a major public health problem, ensuring that at least 75 per cent of families have basic knowledge of the importance of the consumption of vital micronutrients; and (d) the effectiveness of epidemiological surveillance systems and the quality control of food fortification by at least 80 per cent of the laboratories in the six countries. At the same time, efforts will continue to reinforce food fortification processes with iron.

Programme strategy

21. The proposed programme maintains the four major components of the previous programme.

22. **Food fortification**. The prevention of IDD through salt iodization will continue to be the main strategic emphasis. Support will be extended to consolidating the iodization process. In this regard, efforts will be made to maintain the alliance and cooperative relationships developed with the salt producers in the Andean region. Some countries need to reduce the costs of the fortifier by reducing the quantity to be added to salt or by reducing import taxes on the fortifiers. In some countries, national standards require the addition of 30 to 100 ppm of iodine, whereas international standards only require 15 ppm; and there is an international standard urinary iodine level. Further training and technical assistance will be provided to ensure that the iodized salt produced meets the quality standard to meet the needs of the population. A variety of IEC activities will be conducted aimed at creating demand for and promoting the consumption of iodized salt at the household level. In the process, the active participation of several government sectors, civic organizations, salt producers, schools, mass media, scientists and agricultural workers will be sought. Research activities will be carried out to identify the extent of IDD deficiency in schoolchildren to improve monitoring the level of iodine in salt and to sustain the elimination of IDD. The programme will also ensure that issues of packing, marketing and related needs are addressed.

23. Concerning food fortification with iron, the programme will focus on consolidating the fortification process of wheat flour in the five Andean countries and of corn flour in Venezuela. In addition, alternative food types to be fortified will be identified in all six countries since one fortified food is insufficient to obtain the needed coverage. The alternative must be of low cost and available for mass consumption. Based on the successful experience of Venezuela, efforts will be made and support provided to fortify corn flour in the other countries. Research will be carried out to explore the possibility of fortifying rice.

24. Efforts for the fortification of sugar with vitamin A will be pursued. Bolivia will continue to fortify oil. Research will be undertaken in order to assess the level of vitamin A deficiency in each country. According to the results, the programme will support each country to identify suitable food types for fortification with vitamin A.

25. **Supplementation**. This programme will focus on iron and vitamin A. Supplementation will be used as a short-term emergency measure for groups at high risk and with severe micronutrient deficiencies. High-risk areas and target groups of intervention will be defined after studies of iron and vitamin A deficiencies are undertaken in all six countries and when data are updated. Efforts to link vitamin A supplementation to immunization sessions will be strengthened in Ecuador, Peru and Venezuela, and attempts will be made to include vitamin A supplementation as part of the basic health service coverage, as in Bolivia. Colombia will identify its target area and provide supplementation to women and children prone to vitamin A deficiency.

26. **IEC**. In spite of efforts to create awareness in the past programme of iodine, iron and vitamin A deficiencies and their impact on the health situation of the population, particularly children and women, the level of awareness of micronutrient deficiencies as a priority public health problem is still low among the public in general in the countries. This underscores the need for accelerated IEC activities during the period of the programme. It is also necessary to sustain the political commitment and existing alliances, while creating new ones as a national environment of awareness and understanding of the dangers and negative effects of micronutrient deficiencies and the commitments to address these problems in each country.

27. IEC interventions will be strengthened further in their fundamental role of influencing changes in eating habits and attitudes. The central message will be the importance of diversifying the diet, with a special emphasis on the consumption of iodized salt and foods fortified with iron and vitamin A. Special emphasis will be placed on IEC to promote the consumption of iron supplements among pregnant and post-partum women and to at-risk infants. Efforts will be made to identify target audiences, e.g. political leaders, decision makers, relevant government sectors, health workers, medical professionals, teachers, parents, schoolchildren and salt producers. As an important ally, the mass media will be used for the widespread dissemination of messages, including public service airtime provided by national media within each country. Knowledge, attitudes and practices studies will be carried out to evaluate the impact of IEC activities on creating and raising awareness of micronutrient deficiencies and the importance of the consumption of iodized salt and fortified food. The programme will support the development of a social marketing strategy for iodized salt, micronutrient supplementation and potentially fortified foods.

28. **Epidemiological surveillance**. This component will continue to play a vital role in the proposed programme. Further support will be provided to consolidate monitoring systems for quality of the level of iodine in salt and biological monitoring. This will ensure the effectiveness of the iodization process and that the recommended level of iodine is always achieved for the sustained control of IDD. The new stage will start with updating the basic indicators, such as the prevalence of IDD, and iron and vitamin A deficiencies in each country in pregnant women, post-

partum women and infants. Other key indicators will include: fortified food consumption; levels of the quantity of the fortifier in the food; and the coverage of supplementation of iron and vitamin A. Epidemiological surveillance in each country will receive support for the control of iodine in salt, iodine in urine and the consumption of iodized salt during the first year of the programme. Training will be provided to laboratory staff, as well as government personnel and NGOs involved in nutrition, to analyse problems and develop, implement and monitor interventions to address micronutrient deficiencies. Updating basic information will ensure an adequate information base to allow the quantification of objectives, efficient monitoring during implementation, and baseline and impact evaluation measurements. Finally, the establishment of an electronic communication network among the laboratories will strengthen the ability to exchange data, and seek and provide assistance.

Collaboration with partners

29. Strategic alliances are key to programme success. Groups with a widespread influence in and credibility within at-risk communities are vital. Such as in the case of the Church in Ecuador, alliances with strategic groups will help to overcome cultural resistance of the kind still seen with iron supplementation. The mass media are also important allies whose skills at developing and disseminating messages and monitoring their impact will increase awareness of micronutrient deficiencies and their negative impact on the health of women and children.

30. Salt producers and other food processors are also critical allies. Existing strong links with the salt community will be maintained, and efforts will be made to redynamize contact with the sugar industry for vitamin A fortification. The programme will collaborate with critical government partners in each of the six countries, such as the ministries of health, industry, trade, agriculture and education, as well as scientific and research institutes, to ensure the application of policy measures, regulations and legislation, and the effective implementation and monitoring of the programme components.

31. UNICEF will work closely with PAHO/WHO, the International Council for the Control of IDD (ICCIDD) and the Micronutrient Initiative of Canada in the development of this programme. The iodine deficiency control project will again be evaluated by WHO/PAHO and ICCIDD. The subregional programme will continue to receive technical assistance from PAHO/WHO, the Micronutrient Initiative and members of the external evaluation for the certification of the countries for IDD control. The World Food Programme will play a major role in supporting the training and supplementation activities, as in Bolivia, especially in relation to iron deficiency. It is expected that Kiwanis International will continue to provide support to IDD elimination and sustainability.

Monitoring and evaluation

32. Coverage of national surveillance systems and available data to measure progress towards the programme objectives of the virtual elimination of IDD and vitamin A deficiency in children and, iron deficiency anaemia in pregnant women, vary widely across the Andean subregion and Paraguay.

33. However, for all of them, it is necessary to establish firm baseline indicators for medium- and long-term monitoring of IDD, and vitamin A and iron deficiency prevalence and their consequences at both national levels, and in more severely affected areas and communities in each country. The proportion of infants and pre-school children with endemic goitre (by palpation and thyroid volume) and urinary iodine levels in the child population will be the main clinical and biochemical outcome indicators to assess progress in IDD status and programme impact. Process indicators related to iodine concentration (at least 15 parts per million of iodine) through the production, distribution and consumption levels (households) will also be monitored to ensure that USI is achieved.

34. The proportion of children under six with xerophthalmia and serum vitamin A (below 10 mg/100 ml) will be the main outcome indicators to assess progress in combating vitamin A deficiency, while the proportion of children (6-59 months old) and women (with a birth in the last 12 months) who received high doses of vitamin A supplements — in the last six months and before the infant was eight weeks old, respectively — will be the core indicators to monitor programme coverage. On the other hand, anaemia prevalence in infants, pregnant women and women of reproductive age with haemoglobin levels below 10 mg/dl will be monitored periodically to assess progress in reducing iron deficiency anaemia.

35. A variety of means of verification and monitoring mechanisms will be used to constitute, analyse and interpret the above indicators. Outcome indicators will have as main data sources periodic household surveys, community- and district-level surveillance/sentinel sites, and clinical/biochemical tests at health posts and centres at the local level. Sentinel sites will be used to monitor anaemia and the prevalence of iodine deficiency in school-aged children. Routine monitoring for fortification and content of iodine, vitamin A and iron at the production, importation, wholesale and retail levels will be the responsibility of the different government authorities (ministries of Health, Agriculture, Trade or the National Standard Office).

36. To strengthen programme decision-making, cost-efficiency and guaranteed quality of services, an internal monitoring mechanism will be established at national, regional and local levels. Subregional oversight and annual programme reviews will be part of monitoring and evaluation activities.

Programme management

37. Government institutions identified by the participating countries in the previous multi-country micronutrient programme will be the major implementing partners in the respective countries. At the country level, these institutions will ensure government commitments to follow up and apply the legal framework that supports food fortification, supplementation and epidemiological surveillance. They will also ensure the provision of the required financial and human resources. NGOs involved in the fight against micronutrient deficiencies in the countries will be involved in programme implementation and monitoring.

38. Building on the accumulative experience in implementation of the multi-country programme, the UNICEF Subregional Coordination Unit will be maintained to ensure the management and monitoring of implementation of the proposed programme, with the support of UNICEF office focal point in each country. In addition, the Unit will provide orientation, channel technical assistance to the

countries, ensure resource mobilization, organize technical meetings, and arrange training and annual review meetings with programme partners to assess progress in the implementation of the annual plan of action and prepare the plan for next year. The Unit will continue to serve as a reference centre for the participating countries and donors as well. The Subregional Coordinating Unit, jointly with government counterparts, will organize the more comprehensive mid-term review in 2004 that will also be attended by other collaborating partners. A technical advisory committee composed of representatives of PAHO/WHO, ICCIDD and the Micronutrient Initiative will be established to oversee and provide technical support and guidance to the programme.